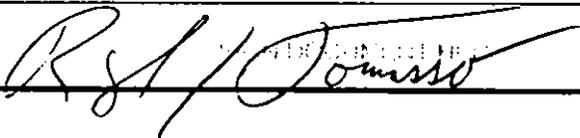State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: _____2019_____
Limited Liability Company
→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number **882236**	2. Exact name of the Limited Liability Company **ARTEFACTS COLLECTION, LLC**

3. NAICS Code **44??99**	4. Brief description of the character of business conducted in Rhode Island **RETAIL SALE OF MOSTLY LOCALLY MADE ARTISAN CRAFTS AND OTHER ITEMS.**
5. State of Formation **RI**	

6. Principal Office Address **1258 ELMWOOD AVENUE**	City **PROVIDENCE**	State **RI**	Zip **02907**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Raymond J. Tomasso, Esq.**	Contact Title **Resident Agent**		
Street Address **1258 Elmwood Avenue**	City **Providence**	State **RI**	Zip **02907**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person **Raymond J. Tomasso, Attorney & Resident Agent**	Date **08/19/2019**
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 632 - Revised: 08/2017