



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

2019 AUG 26 PM 12:38
 RI DEPT OF STATE
 BUS SVCS DIV

Annual Report for the year: 2018
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 001674719		2. Exact name of the Limited Liability Company HWC BARRINGTON LLC			
3. NAICS Code 453990		4. Brief description of the character of business conducted in Rhode Island CELL PHONE STORE			
5. State of Formation RI					
6. Principal Office Address 180 COUNTY ROAD			City BARRINGTON	State RI	Zip 02806
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CHRISTOPHER SEVERO			Contact Title PRESIDENT		
Street Address 62 SOUTHFIELD AVE SUITE 100			City STAMFORD	State CT	Zip 06902
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name CHRISTOPHER SEVERO			Manager Name		
Street Address 23 STONE FENCE LANE			Street Address		
City STAMFORD	State CT	Zip 06903	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <i>Christopher Severo</i>				Date 8/23/19	
Signature of Authorized Person <i>[Signature]</i>			SIGN DOCUMENT HERE		

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FILED

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

SEP 09 2019
 BY *[Signature]*
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