



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.

**FILED**  
 SEP 12 2019  
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|   |       |   |                                 |                          |                     |
|---|-------|---|---------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>001687496</b>   |       | 2. Exact name of the Limited Liability Company<br><b>ColaRe's, LLC</b>  |                                 |                          |                     |
| 3. NAICS Code<br><b>448150</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Gifts &amp; Accessories</b> |                                 |                          |                     |
| 5. State of Formation<br><b>RI</b>  |       |   |                                 |                          |                     |
| 6. Principal Office Address<br><b>1375 Mineral Spring Avenue UNIT 1</b>   |       |   | City<br><b>North Providence</b> | State<br><b>RI</b>       | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                                 |                          |                     |
| Contact Name <b>Corrine M. Barbato-Cola</b>   |       |   | Contact Title <b>Owner</b>      |                          |                     |
| Street Address <b>1375 Mineral Spring Avenue UNIT 1</b>   |       |   | City <b>North Providence</b>    | State <b>RI</b>          | Zip <b>02904</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                                 |                          |                     |
| Manager Name <b>None</b>  |       |   | 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 <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  |       |   |                                 |                          |                     |
| <b>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.</b> |       |   |                                 |                          |                     |
| Name of Authorized Person<br><b>Corrine M. Barbato-Cola</b>   |       |   |                                 | Date<br><b>8-28-2019</b> |                     |
| Signature of Authorized Person<br>  |       |   |                                 |                          |                     |

**MAIL TO:**  
 Division of Business Services  
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