

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhoc	ie Island		
Delaware	Retail st	ore for primarily	y clothing and footwear	448140		
5. Principal office address 999 Main Street, Suite 712			City Pawtucket	State RI	Z <sub>ip</sub> 02860	
6. MAILING ADDRESS	OF LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT, I	PERSON:		
Contact Name Darlene Crawley			Contact Title Controller			
Street Address 5770 Shiloh Road, Suite 400			City Alpharetta	State GA	Zip 30005	
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATTA	RS (NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS	
Mananer Name			Manager Name			
Stroot Address			Street Address			
City	State	Zin	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zig OC	
B. RESIDENT AGENT I	N RHODE ISLAND	·				
This information is cu	rrently of record in th	e Office of the Seci	retary of State. Changes require	filing Form 642.	w do	
					D CS	
					93	
					<u>بر</u> ۾	

**FILED** 

OCT 03 2019

KL31-5(

٢	<del></del>
•	File Date
	Check No
	Ву:
•	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements of penalty of the property of the statements.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012