RI SOS Filing Number: 201923868900 Date: 10/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division			FI	FILED		
Annual Report for the Limited Liability Com → Filing period: Septemb → Filing Fee: \$50.00 → Penalty: Additional \$25.	pany	ber 1.	BY	07 2019		
1. Entity ID Number 93060	2. Exact name of the Limited Liat Jobel Shopperstow		С			
3. NAICS Code 531110 5. State of Formation Masschusetts	4. Brief description of the charact	er of business conducted	in Rhode Island			
6. Principa. Office Address P.O. Box 4207		City Dedham	State MA	^{Zip} 02027		
7. Mailing Address of Limited I Contact Name Harris Kra	Liability Company and Name or Title If chick	of Contact Person Contact Title Manag	er			

Street Address P.O. Box 4207				Street Address P.O. Box 4207		
City	Dedham	State MA	Zip 02027	City Dedham	State MA	Zip 20207
Manager Name			Manager Name			
Street Address			Street Address			
City		State	Zıp	City	State	Ζρ
			L	1	Check the box to in-	dicate an attachment

City

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

Dedham

Manager Name Sheryl Dropkin

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 Harris Krafchick

October **3** 2019

State MA

Date

Ζıρ

02027

Signature of Authorized Person

MAIL TO:

Street Address

Manager Name

Division of Business Services

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

P.O. Box 4207

Harris Krafchick

Phone: (401) 222-3040 Website: www.scs.ri.gov