RI SOS Filing Number: 201925294680 Date: 10/25/2019 12:05:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division						
Annual Report for the y Limited Liability Comp  → Filing period: Septembe  → Filing Fee: \$50.00  → Penalty: Additional \$25.0	year: _ <i>o</i> any r 1 - Noven	2017 nber 1		_	RECEIVED SECRETARY OF CORPORATIONS CORPORATIONS 2019 OCT 25 PMI	
1. Entity ID Number	Exact name of the Limited Liability Company				# 55 D V	
000 998074		LA ACCESS	<del>4.</del>			
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
5. State of Formation	WHOLESALER OF IMITATION DEWELRY					
6. Principal Office Address			City	State	Zip	
2229 PLAINFIELD PIKE, IND Floor			JOHNSTON	RI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name  ERIC BERNARY	9		Contact Title CONTROLLER			
Street Address 2229 PLAINFIELD PIKE, and Floor			City JOHNSTON	State P.T.	Zip 02919	
	ind address	es) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address 2			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	<del></del> .			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This info	mation is currently o	of record with the Department of State.			
Under penalty of perjury, I de statements, and that all states	clare and at	firm that I have e ained herein are	examined this report, including a true and correct.	any accompanyir	g schedules and	
Name of Authorized Person  Timothy J. Gaulin  101					dia	
Signature of Authorized Person		8107	v COCL MONO HERE		···/	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 2 5 2019

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