



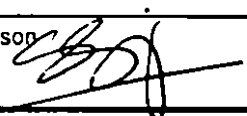
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 FEB 27 P 2:05

Annual Report for the year: 2017  
**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<br><b>001018577</b>   |       | 2. Exact name of the Limited Liability Company<br><b>DUKES OF BARRINGTON, LLC</b>                            |                               |                        |                     |
| 3. NAICS Code<br><b>448110</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>CLOTHING STORE (MEN'S)</b> |                               |                        |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |                               |                        |                     |
| 6. Principal Office Address<br><b>3346 COUNTRY RD</b>   |       |  | City<br><b>BARRINGTON</b>     | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                        |                     |
| Contact Name<br><b>SARAH ST JACQUES</b>   |       |  | Contact Title<br><b>OWNER</b> |                        |                     |
| Street Address<br><b>15 VALENTINE DR</b>  |       |  | City<br><b>BARRINGTON</b>     | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                               |                        |                     |
| Manager Name  |       |  | 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>SARAH ST JACQUES</b>  |       |  |                               | Date<br><b>2/27/20</b> |                     |
| Signature of Authorized Person<br>   |       |  |                               |                        |                     |

**MAIL TO:**

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

**FILED**

**FEB 27 2020**

BY RI 635P

**2108**