

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.

| | | | | | <u> </u> | |
|---|-----------------------|---------------------|--------------------------------------|-------------------------|---------------------------|--|
| 1. Entity ID Number 000156592 | | | Liability Company LIMITED LLC | | ŋ6 | |
| . NAICS Code 4. Brief description of the cha | | | paracter of business conducted in | Rhode Island | | |
| 454390 RESALE/RETAILER OF (| | | F COSTUME JEWELRY | | | |
| 5. State of Formation RHODE ISLAND | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 755 EAST SHORE ROAD | | | JAMESTOWN | RI | 02835 | |
| 7. Mailing Address of Limite | d Llability Compa | ny and Name or | Title of Contact Person | | | |
| Contact Name GREGORY C. DRYER | | | Contact Title | | | |
| Street Address 755 EAST SHORE ROAD | | | City JAMESTOWN | State RI | Zip x 0092 1 02835 | |
| 8. List ALL managers (nam | es and addresses |) of the Limited | Liability Company, IF APPLICAB | LE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Stroet Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to | indicate an attachment | |
| 9 Resident Acent in Rhode | e Island. This inforr | nation is currently | of record with the Department of Sta | te. Changes require fil | ing Form 642. | |
| Under penalty of perjury, | I declare and aff | firm that I have | examined this report, including | g any accompanyi | ng schedules and | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | | Date | | |
| GREGORY C. DRYEF | | | | 4-9-20 | | |
| Signature of Authorized Po | erson | | | | | |
| Olgilotoro ol Nativolizado i | Gna | mc. | ing, | | | |
| | | Y () | | | | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

SEP 2 8 2020

10RM 632 - Revised: 10/2017