	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222 30		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
		popy failing or refusing	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>000853537</u>			
2. Exact Name of the Limited Liability Company <u>NBO SHOES LLC</u>			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	d in Rhode Island
RETAIL SALES OF FO	OTWEAR		
5. Principal Office Addre	SS		
	UGAR BUSH LANE		_
City or Town: <u>TOL</u>	LAND State	e: <u>CT</u> Zip: <u>06084</u>	Country: <u>USA</u>
6. Mailing Address of Lin	mited Liability Company and Name	or Title of Contact P	erson:
Contact Name: MICHAE	L DISIBIO Contact Title:		
	JGAR BUSH LANE		
City or Town: <u>TOLL</u>	<u>AND</u> State	e: <u>CT</u> Zip: <u>06084</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of September, 2020 at 1:45:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARIO CIAMPI

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved