	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Compa Annual Report Filing Period: September 1 - No			
In accordance with R.I.G.L. 7-1	6-66(d), each limited liability com irty (30) days after the time presc		
ANNUAL REPORT YEAR: 20	020		
1. ID No. <u>001695353</u>			
2. Exact Name of the Limited Liability Company <u>CR BRICKS (2019) LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>448150</u>			
4. Brief Description of the C	haracter of the Business Whicl	n is Actually Conduct	ted in Rhode Island
RETAIL STORES SELLING CLOTHING & ACCESSORIES			
5. Principal Office Address			
	FLAW ROADNTO, ONState:	Zip: <u>M6A 2W1</u>	Country: <u>CAN</u>
6. Mailing Address of Limite	ed Liability Company and Name	e or Title of Contact	Person:
	FLAW ROAD		
City or Town: <u>TORON</u>	TO, ON State:	Zip: <u>M6A 2W1</u>	Country: <u>CAN</u>
7. Name and Address of Ea DO NOT LIST MEMBERS	ch Manager of the Limited Lial	bility Company, if Ap	plicable.
Title	Individual Name		dress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country

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

REGISTERED AGENT SOLUTIONS, 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 27 Day of October, 2020 at 9:24:37 AM 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 <u>GREGORY J. GUEST</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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