	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet )4-2615	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00052912</u>	3		
2. Exact Name of the Limited Liability Company <u>SOMA INTIMATES, LLC</u>			
3. State of Formation			
State: <u>FL</u>			
ARTICLE III			
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. 443110			
	- Okanastan of the Dusiness Which		
4. Bher Description of th	e Character of the Business Which	TIS Actually Conducted	In Knode Island
RETAIL- WOMENS IN	TIMATE APPAREL		
5. Principal Office Addre	SS		
No. and Street:11215 METRO PARKWAYCity or Town:FORT MYERSState:FLZip:33966Country:USA			
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Pe	rson:
Contact Name: KEVIN R SCHOCKLING Contact Title: VICE PRESIDENT   No. and Street: 11215 METRO PKWY			
City or Town: <u>FORT MYERS</u> State: <u>FL</u> Zip: <u>33966</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	Addre	
	First, Middle, Last, Suffix	Address, City or Town, Sta	ate, Zip Code, Country
	RHODE ISLAND - DO NOT ALTER		
	TODE INCARD - DO NOT ALTER		

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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 4:22:44 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 KEVIN R SCHOCKLING

Signature of Authorized Person

Form No. 632 Revised 09/07

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