	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River St Providence RI 0290		
HOPE	(401) 222-304		
Limited Liability Com	nany		
Annual Report	pully		
Filing Period: September 1	- November 1		
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:	<u>2020</u>		
<b>1. ID No.</b> <u>000148892</u>			
2. Exact Name of the Limited Liability Company <u>OLD NAVY, LLC</u>			
3. State of Formation			
State: <u>DE</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. <u>448140</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
ODED ATES OF D NAV	V STODES IN THE U.S. AND H		
<u>OPERATES OLD NAVY STORES IN THE U.S. AND HOLDS ALL OLD NAVY BRAND</u> <u>RETAIL</u>			
STORE EMPLOYEES I	N THE U.S.		
5. Principal Office Addre	SS		
No. and Street: 2 F	OLSOM STREET		
	N FRANCISCO State: C	<u>A</u> Zip: <u>94105</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
	<u>BOX 27809</u> BUQUERQUE State: NM	Zip: 87125	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ac	ldress
	First, Middle, Last, Suffix	Address, City or Towr	n, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 30 Day of October, 2020 at 2:43:45 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 MARK ABRAHAMS

Signature of Authorized Person

Form No. 632 Revised 09/07

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