

Department of State - Business Services Division

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Annual Report for the year:	2015
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.

1. Entity ID Number 000509093	2. Exact name of the Limited Liability Company THE WICKFORD COLLECTION LLC					
3. NAICS Code 442299	Brief description of the character of business conducted in Rhode Island SALE OF HOME FURNISHINGS AND ANTIQUES					
5. State of Formation RI						
6. Principal Office Address 30 WEST MAIN STREET			City NORTH KINGSTOWN	State RI	Zip 02852	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or	Title of Contact Person			
Contact Name WILLIAM H AARON			Contact Title OWNER			
Stree: Address 30 WEST MAIN S	OSS 30 WEST MAIN STREET City NORTH KINGSTO			State RI	^{Zip} 02852	
8. List ALL managers (names ar	nd addresses	s) of the Limited L	Liability Company, IF APPLICABLE - I	DO NOT LIST N	MEMBERS	
			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	l		Ch	eck the box to i	ndicate an attachment	
9. The Resident Agent information	on currently o	of record with the	RI Department of State is accurate.	Changes require	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten			examined this report, including any true and correct.	accompanyin	g schedules and	
Name of Authorized Person			Date			
WILLIAM H AARON			10/05/2020			
Signature of Authorized Person	2 9 \)				

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

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FORM 632 - Revised: 08/2020