

State of Rhode Island

Carrier of State - Business Services Division

R.L. BORRO OF STATE

2021 MAR 22 PM 12: 21

Annual Report for the year: 2019 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.

Entity ID Number	2. Exact name of the Limited Liability Company				
001661935	S.S. Howes LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
451211	Sale of new and used books				
5. State of Formation					
Rhode island					
6. Principal Office Address			City	State	Zip
53 High St			Westerly	RI	02891
7 Mailing Address of Limited	Liability Compa	any and Name o	r Title of Contact Person		
Contact Name Jill Chomowicz			Contact Title Owner		
Street Address 53 High St			City Westerly	State RI	Zip 02891
8. List ALL managers (name:	s and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Ζip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		·		Check the box to i	ndicate an attachment
9. The Resident Agent information	ation currently o	of record with the	RI Department of State is acc	urate. Changes require	e filing Form 642
Under penalty of perjury, I o statements, and that all stat	leclare and aff	irm that I have i	examined this report, includi-	ng any accompanyin	g schedules and
Name of Authorized Person		***		Date	,
Jill C	homo	WILL	-	/ عمر /	17/2/
Signature of Authorized Person					

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 12:22

MAR 22 2021

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FORM 632 - Revised: 08/2020