



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

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1. Entity ID Number 001674719		2. Exact name of the Limited Liability Company HWC BARRINGTON LLC	
3. NAICS Code 453990		4. Brief description of the character of business conducted in Rhode Island CELL PHONE STORES	
5. State of Formation RI			
6. Principal Office Address 180 COUNTY ROAD		City BARRINGTON	State RI
		Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name SIMONE COOKE		Contact Title OFFICE MANAGER	
Street Address 46 SOUTHFIELD AVE SUITE 100		City STAMFORD	State CT
		Zip 06902	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name CHRISTOPHER SEVERO		Manager Name	
Street Address 46 SOUTHFIELD AVE SUITE 100		Street Address	
City STAMFORD	State CT	City	State
Zip 06902		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person SIMONE COOKE			Date 8/31/21
Signature of Authorized Person 			

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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