



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**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.

**FILED**  
**SEP 16 2021**  
 101706 *oz*

1. Entity ID Number 000527958		2. Exact name of the Limited Liability Company BEACH PARTY SWIMWEAR, LLC					
3. NAICS Code 448190		4. Brief description of the character of business conducted in Rhode Island SALE OF SWIMWEAR AND ANY LAWFUL RI BUSINESS					
5. State of Formation RHODE ISLAND							
6. Principal Office Address 390 WEST MAIN ROAD				City PORTSMOUTH		State RI	Zip 02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name KATHERINE WEDGE				Contact Title MEMBER			
Street Address 390 WEST MAIN ROAD				City PORTSMOUTH		State RI	Zip 02871
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name N/A				Manager Name N/A			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name N/A				Manager Name N/A			
Street Address				Street Address			
City		State	Zip	City		State	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.							
<i>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.</i>							
Name of Authorized Person KATHERINE WEDGE, MEMBER						Date 9-12-21	
Signature of Authorized Person <i>Katherine Wedge</i>							

**MAIL TO:**  
 Division of Business Services  
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