	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2021</u>		
<b>1. ID No.</b> <u>00079034</u>	5		
2. Exact Name of the Li	mited Liability Company <u>ONPOI</u>	NT STORES LLC	
3. State of Formation			
State: <u>RI</u>			
-	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Cond	ucted in Rhode Island
5. Principal Office Addre	SS		
	<u>4 IVY COURT</u> <u>UMBERLAND</u> State: <u>RI</u>	Zip: <u>02864</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contac	ct Person:
	<u>SOMBATH</u> Contact Title: IVY COURT		
	JMBERLAND State: RI	Zip: <u>02864</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if	Applicable.
Title	Individual Name		Address
MANAGER	First, Middle, Last, Suffix	Address, City or To	wn, State, Zip Code, Country
		CUMBERL	24 IVY CT AND, RI 02864 USA
MANAGER	LOB RASOMBATH		24 IVY CT

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

LOB RASOMBATH 24 IVY COURT CUMBERLAND, RI 02864

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

**Signed this 22 Day of September, 2021 at 1:35:48 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 <u>LOB RASOMBATH</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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