



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001697105

**2. Exact Name of the Limited Liability Company** Ruby Spyglass LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541430

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ENGAGE IN BRAND MANAGEMENT AND IN PLANNING, DESIGNING, AND  
MANAGING OF  
THE PRODUCTION OF VISUAL COMMUNICATION IN ORDER TO CONVEY SPECIFIC  
MESSAGES  
OR CONCEPTS, CLARIFY COMPLEX INFORMATION, OR PROJECT VISUAL IDENTITIES,  
AS  
WELL AS ANY LAWFUL ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY  
BE  
ORGANIZED IN THIS STATE.

**5. Principal Office Address**

No. and Street: 10 DORRANCE STREET  
SUITE 700

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 10 DORRANCE STREET

City or Town: SUITE 700  
PROVIDENCE

State: RI Zip: 02903 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	GEORGE CHARLES ALLEN	10 DORRANCE STREET PROVIDENCE, RI 02903 USA
MANAGER	KIMBERLEY ANNE HOSTY	10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903 USA

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

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

**Signed this 29 Day of October, 2021 at 1:14:25 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 RILEY PARK  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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