	• • • • •	of Rhode Isla the Secretary of		Fee: \$50.00
Division Of Business Services				
148 W. River Street				
1636		ence RI 02904-2 401) 222-3040	615	
Limited Liability Annual Report Filing Period: Febru		mited liability con	nnany 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 - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>				
1. ID No. <u>001724712</u>				
2. Exact Name of the Limited Liability Company LoveShackFancy, LLC				
3. State of Format	tion			
State: <u>NY</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>454110</u>				
4. Brief Descriptio Island	n of the Character of the E	Business Which i	s Actually Cond	lucted in Rhode
PARENT COMPANY. WHOLESALE AND E-COM BUSINESS.				
5. Principal Office	Address			
No. and Street:	<u>111 FIFTH AVE 8FL</u>			
City or Town:	NEW YORK	State: <u>NY</u>	Zip: <u>10003</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: C				
No. and Street: City or Town:	<u>111 FIFTH AVE 8FL</u> <u>NEW YORK</u>	State: <u>NY</u>	Zip: <u>10003</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK ,				

<u>RI 02888</u>

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

**Signed this 24 Day of April, 2024 at 10:14:20 AM 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 TODD COHEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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