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State of Rhode Island

Department of State - Business Services Division CELIVED

Annual Report for the year: Limited Liability Company 2018

2024 MAY 20 PM 2: 26

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Lial	bility Company		
000866778	Holebrook USA LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
448150	Retailer of men and			
5. State of Formation	women's clothing			
.6. Principal Office Address		City	State	Zip
855 Aguidneck	Ave., Ste.6	Middletown	RI	09845
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Jane Fleming		Contact Title BOOKKeeper		
755 Aguidneck Ave. Ste. 6		Middletown	State	2ip 02840
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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			Date 5/16/2024	
Jane Fleming			3110	
Signature of Authorized Person Theme				
/]	()			

FILED

MAY 20 2024

BY VXA7H

AH. 2:27pm

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov