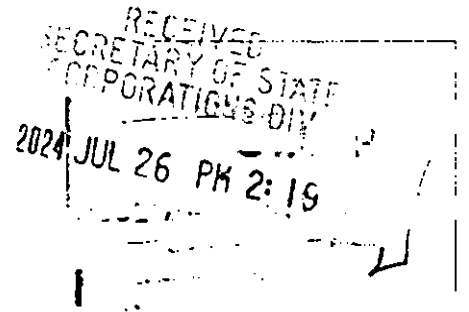





**State of Rhode Island  
Department of State - Business Services Division**



**Annual Report for the year:** 2024  
**Limited Liability Company**

- 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 <b>1674719</b>		2. Exact name of the Limited Liability Company <b>HWC BARRINGTON LLC</b>	
3. NAICS Code <b>453990</b>		4. Brief description of the character of business conducted in Rhode Island <b>CELL PHONE STORE</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>180 COUNTY RD</b>		City <b>BARRINGTON</b>	State <b>RI</b>
			Zip <b>06902</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>SIMONE COOKE</b>		Contact Title <b>OFFICE MANAGER</b>	
Street Address <b>46 SOUTHFIELD AVE STE 100</b>		City <b>STAMFORD</b>	State <b>CT</b>
			Zip <b>06902</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 <b>CHRISTOPHER SEVERO</b>			Date <b>4/2/24</b>
Signature of Authorized Person 			

**FILED**

**AUG 09 2024**  
**BY 6-FIC96**  
**A.A. 10:49 AM.**

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)