



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 APR 3 AM 9:52:49

Annual Report for the year:  
Limited Liability Company

2018

- 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<br><b>001659504</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>NEW ENGLAND REP GROUP LLC</b>                                                                       |                       |
| 3. NAICS Code<br><b>238120</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>INDEPENDENT SALES REP FOR MULTIPLE BRANDS IN THE FOOTWEAR BUSINESS</b> |                       |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                                                          |                       |
| 6. Principal Office Address<br><b>615 INDIAN AVE</b>                                                                                                                                                    |  | City<br><b>MIDDLETOWN</b>                                                                                                                                | State<br><b>RI</b>    |
|                                                                                                                                                                                                         |  | Zip<br><b>02842</b>                                                                                                                                      |                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                          |                       |
| Contact Name<br><b>TRISTAN RAYNES</b>                                                                                                                                                                   |  | Contact Title<br><b>OWNER</b>                                                                                                                            |                       |
| Street Address<br><b>615 INDIAN AVE</b>                                                                                                                                                                 |  | City<br><b>MIDDLETOWN</b>                                                                                                                                | State<br><b>RI</b>    |
|                                                                                                                                                                                                         |  | Zip<br><b>02842</b>                                                                                                                                      |                       |
| 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<br><b>TRISTAN RAYNES</b>                                                                                                                                                      |  |                                                                                                                                                          | Date<br><b>4/2/25</b> |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                                          |                       |

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)

FILED  
APR 03 2025  
BY **TBQCS**  
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