



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 CORPORATIONS DIV

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**Annual Report for the year: 2019**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>001690680</b>		2. Exact name of the Limited Liability Company <b>Overalls, LLC</b>					
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate investments</b>					
5. State of Formation <b>Rhode Island</b>							
6. Principal Office Address <b>116 Orange Street</b>				City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <b>Manya K. Rubinstein</b>				Contact Title			
Street Address <b>116 Orange Street</b>				City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Check the box to indicate an attachment <input type="checkbox"/>							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
<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>Manya K. Rubinstein</b>						Date <b>9/23/2019</b>	
Signature of Authorized Person							

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

**FILED** ✓  
**NOV 27 2019**  
 BY CR RXAM  
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