RI SOS Filing Number: 201752183610 Date: 10/23/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Annual Report for the year: Limited Liability Company

MAIL TO:

**Division of Business Services** 

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

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

**Department of State - Business Services Division** 

→ Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00			nber 1.		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
160331	(ampy's Creations LLC  4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code					
44-45 Sell of Monz/fies					
5. State of Formation	451120				
6. Principal Office Address	_		City	State	Zip
5280 Post Rd			charles town	生	02H3
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	<u>.                                    </u>	
Contact Name DAN CAMBAGNA			Contact Title M 9 V		
Street Address Sar Post Rd.			City Charlestown	State	710 28/3
8. List ALL managers (names ar	d addresses) (	of the Limited Liabi	lity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Che	ck the box to indi	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I dec statements, and that all statem			ined this report, including any and correct.	accompanying s	chedules and
Name of Authorized Person	OA GNA	1	10/24/2017		
Signature of Authorized Person  Confidence  Signature of Authorized Person  Signature of Autho					
<del></del>	-	9 9			