



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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Annual Report for the year: 2017
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 1658021		2. Exact name of the Limited Liability Company IMAGINE ENTERPRISES LLC			
3. NAICS Code 453220		4. Brief description of the character of business conducted in Rhode Island run a gift retail shop			
5. State of Formation Rhode Island					
6. Principal Office Address 5 Miller Street		City WARREN	State RI	Zip 02885	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michelle Fox		Contact Title			
Street Address 5 Miller St		City WARREN	State RI	Zip 02885	
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.					
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 Michele Fox				Date 6/5/18	
Signature of Authorized Person <i>Michelle Fox</i>		SIGN DOCUMENT HERE			

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

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