RI SOS Filing Number: 201877170320 Date: 9/11/2018 4:00:00 PM

(B)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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Annual Report for the year: 2018
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.

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Entity ID Number 2. Exact name of the Limited Liability Company						
484719 HOSPITALITY GIFTS, LLC						
3. NAICS Code 454 10 4. Brief description of the character of business conducted in Rhode Island						
44-45 RETAIL TRADE Gift items sold to corporate groups visiting Newport						
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address		City	State	Zıp		
221 THIRD STREET - SUITE 20	01	NEWPORT	RI	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name LAUREEN ST	ROLL	Contact Title MANAGER / PRESIDENT				
Street Address 221 THIRD STI	REET - SUITE 201	City NEWPORT	State RI	^{Zip} 02840		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name SQV	me as a love	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		
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is curreritly 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	Date					
hailureen Z.		SEPTEMBER 7, 2018				
Signature of Authorized Person						
damen L.	Grolf					

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

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