



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000861767

**2. Exact Name of the Limited Liability Company** Carbon Creative LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541613

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

DIGITAL MARKETING

**5. Principal Office Address**

No. and Street: 116 UNION STREET  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ALANA RILEY Contact Title: OWNER/FOUNDER  
No. and Street: 180 WATERMAN AVENUE  
SUITE 318  
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ALANA RILEY	180 WATERMAN AVE, SUITE 318 NORTH PROVIDENCE, RI 02911 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ALANA N. RILEY 180 WATERMAN AVENUE, APT. 424 NORTH PROVIDENCE , RI 02911

**Signed this 10 Day of June, 2019 at 12:35:19 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALANA RILEY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations  
All Rights Reserved



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

June 10, 2019 12:35 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

