




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

FILE
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 1568

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 505971 | | 2. Exact name of the Limited Liability Company EMELY PARTY STORE & BAKERY, LLC | | | |
| 3. NAICS Code 445291e | | 4. Brief description of the character of business conducted in Rhode Island PARTY SUPPLIES ACCESSORIES AND BAKERY | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 880 BROAD STREET | | | City PROVIDENCE | State RI | Zip 02907 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name JUANA ROSARIO | | | Contact Title MANAGER | | |
| Street Address 123 BECKWITH STREET | | | City CRANSTON | State RI | Zip 02920 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name JUANA ROSARIO | | | Manager Name | | |
| Street Address 123 BECKWITH STREET | | | Street Address | | |
| City CRANSTON | State RI | Zip 02920 | 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 JUANA ROSARIO | | | | Date 09/23/2019 | |
| Signature of Authorized Person  | | | SIGN DOCUMENT HERE | | |

MAIL TO:
 Division of Business Services
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