



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

Annual Report for the year: **2019**  
Limited Liability Company

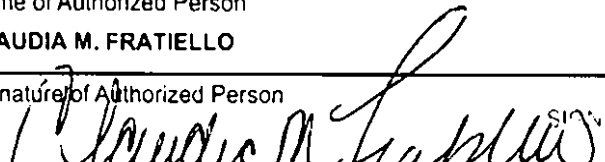
- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED**

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BY

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1. Entity ID Number <b>001679445</b>		2. Exact name of the Limited Liability Company <b>CLAUDIA'S CREATIONS, LLC</b>			
3. NAICS Code <b>311811</b>		4. Brief description of the character of business conducted in Rhode Island <b>CAKES</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>20 WOODLAND AVENUE</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02920</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>CLAUDIA M. FRATIELLO</b>			Contact Title <b>MEMBER</b>		
Street Address <b>20 WOODLAND AVENUE</b>			City <b>CRANSTON</b>		State <b>RI</b>
			Zip <b>02920</b>		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>N/A</b>			Manager Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name <b>N/A</b>			Manager Name <b>N/A</b>		
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.					
<b>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.</b>					
Name of Authorized Person <b>CLAUDIA M. FRATIELLO</b>				Date <b>09/27/19</b>	
Signature of Authorized Person 					

**MAIL TO:**

Division of Business Services  
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