



Department of State - Business Services Division

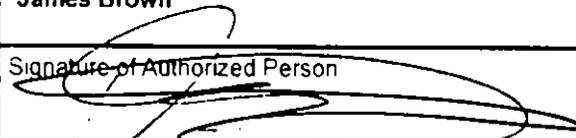
Annual Report for the year: 2018

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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30 SEP 30 PM 2:11

1. Entity ID Number 000564083		2. Exact name of the Limited Liability Company Shir Nora LLC	
3. NAICS Code 311999		4. Brief description of the character of business conducted in Rhode Island Gift Baskets	
5. State of Formation CT			
6. Principal Office Address 240 Post Rd		City Westerly	State RI
		Zip 02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name James Brown		Contact Title owner	
Street Address 580 Orchard Street		City New Haven	State CT
		Zip 06511	
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
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 James Brown		Date 09/04/2019	
Signature of Authorized Person 			

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 2019 DEC 12 PM 12:17

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

DEC 12 2019

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A.A. 12:17 P.M.