RI SOS Filing Number: 202054393570 Date: 9/11/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED	52
SEP 11 2020 594179	13976
594176	13926

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1676231	BOON2 GONDY, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
512250	music/content creation					
5. State of Formation	merchandise Ketailing					
Bround development						
6. Principal Office Address			City	State	Zip	
5 York hood		Johnston	RU	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Stephanie Plante		Contact Title UWYOX				
Street Address 7 Road		ciny Tohnston	State	zig02919		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Ma			Manager Name			
Street Address		Street Address				
City	State	Zıp	City	State	Zip	
Manager Name		Manager Name				
Street Address		Street Address				
City	State ·	Zip	City	State	Zıp	
		1	Che	ck the box to ind	icate an attachment	
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 Date 21 70 /s						
Studianie Plante 0/30/10						
Signature of Authorized Person .						
S'QN DOQUMENT HERE						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Vebsite: www.sos.ri.gov