RI SOS Filing Number: 202058817270 Date: 9/28/2020 12:08:00 PM

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nnual Report for the y	/ear:				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
mited Liability Compa					·ŏ ?	
→ Filing period: September	1 - Novembe	er 1			2	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	N fee if form is	not filed by Dec	ember 1.		5	
7 Penalty, Adultional #20.0	0 100 11 101111 10				\;;	
Entity ID Number	2. Exact nan	ne of the Limited	Liability Company		6	
000156592	BUNNIES UNLIMITED LLC					
				Rhode Island		
. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
454390	RESAL	E/RETAILER OF				
5. State of Formation		•				
RHODE ISLAND						
n m : i al Office Address	_ 		City	State	Zip	
5. Principal Office Address 755 EAST SHORE ROAD			JAMESTOWN	RI	02835	
7. Mailing Address of Limited L	iability Compa	ny and Name or	Title of Contact Person			
Contact Name GREGORY C. DRYER			Contact Title PRESIDENT			
Street Address 755 EAST SHORE ROAD			City JAMESTOWN	State RI	Zip x00924 02835	
					MEMBERS	
8. List ALL managers (names	and addresses	i) of the Limited I	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
			Street Address			
S:reet Address						
City	State	Zip	City	State	Zip	
<u> </u>		L	Manager Name			
Menager Name			Wallager Hulli-0			
Street Address			Street Address			
allest Adoless				Clate	Zip	
City	State	Zip	City	State	Σιρ	
				Check the box t	o Indicate an attachmer	
			format with the Department of Sta			
Resident Agent in Rhode !	sland. This infor	mation is currently	of record with the Department of Sta	any accompany	ing schedules and	
Under penalty of perjury, I	declare and at	Tirm that I have Sined herein are	examined this report, including true and correct.			
مقد القديمة مقد في المالية الم			statements, and that all statements contained herein are true and correct.			
statements, and that all sta Name of Authorized Person	nements com	3///04///		Date		

MAIL TO:

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

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

Signature of Authorized Person

FILED

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BY X COLO 10/20