	State of Rhode Is Office of the Secretar		Fee: \$50.
	Division Of Business S	Services	
	148 W. River Str		
	Providence RI 02904 (401) 222-304		
HOPE	(401) 222-304	0	
imited Liability Co	mpany		
Annual Report	1 - November 1		
	L. 7-16-66(d), each limited liability compa	anv failing or refusi	na
	hin thirty (30) days after the time prescri	· ·	
6-66(b&c)) is subject to a	a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	R : <u>2020</u>		
1. ID No. <u>0010046</u>	17		
2. Exact Name of the I	_imited Liability Company <u>LITTLE S</u>	STATE FLOWER	COMPANY, LLC
3. State of Formation			
State: <u>RI</u>			
-	ARTICLE III Code that best describes the primary b		by the entity. Download
-			by the entity. Download
the list of codes <u>here.</u> Mo <u>111422</u>	Code that best describes the primary b	nline.	
the list of codes <u>here.</u> Mo <u>111422</u>	Code that best describes the primary b pre information on <u>NAICS</u> can be found o	nline.	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARK A. MCSALLY 211 CIRCUIT DRIVE NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of November, 2020 at 2:05:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARK MCSALLY

Signature of Authorized Person

Form No. 632 Revised 09/07

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