



State of Rhode Island

Department of State - Business Services Division

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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.

|  |       |  |                               |                    |              |
|--|-------|--|-------------------------------|--------------------|--------------|
| 1. Entity ID Number<br>000794262   |       | 2. Exact name of the Limited Liability Company<br>Pumkin Pie, LLC                                |                               |                    |              |
| 3. NAICS Code<br>541990  |       | 4. Brief description of the character of business conducted in Rhode Island<br>Softball training |                               |                    |              |
| 5. State of Formation<br>Rhode Island  |       |  |                               |                    |              |
| 6. Principal Office Address<br>360 Sunset Avenue   |       |  | City<br>North Providence      | State<br>RI        | Zip<br>02911 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                               |                    |              |
| Contact Name Francis Clark   |       |  | Contact Title Managing Member |                    |              |
| Street Address 360 Sunset Avenue   |       |  | City North Providence         | State RI           | Zip 02911    |
| 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              | Zip          |
| Manager Name   |       |  | Manager Name                  |                    |              |
| Street Address   |       |  | Street Address                |                    |              |
| City   | State | Zip  | City                          | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |  |                               |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br>Francis Clark   |       |  |                               | Date<br>11/08/2020 |              |
| Signature of Authorized Person<br>   |       |  |                               |                    |              |

FILED

## MAIL TO:

Division of Business Services

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