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R.I. DEPT. OF STATE

BUS SVCS DIV

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
000794262	Pumkin Pie, LLC					
3. NAICS Code 541990	Brief description of the character of business conducted in Rhode Island Softball training					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
360 Sunset Avenue			North Providence	RI	02911	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit	lle of Contact Person	1		
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 ar	nd addresses)	of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			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	Zip	
	Check the box to indicate an attachment					
9. The Resident Agent information	on currently of	record with the R	Department of State is accurat	e. Changes requir	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten				any accompanyin	g schedules and	
Name of Authorized Person			Date	Date		
Francis Clark			11/08/2020			
Signature of Authorized Person						

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

BY HZALT A.A. 11:07 A.M

FORM 632 - Revised: 08/2020