RI SOS Filing Number: 202075554000 Date: 11/12/2020 4:00:00 PM

State of Rhode Island  Department of State - Business Services	Divisio
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Annual Report for the year:  $\frac{2020}{}$ **Limited Liability Company** 

- → Filing period. September 1 November 1

1, Entity ID Number		2. Exact name of the Limited Liability Company					
849846	DTNT	DTNT /LLC					
3. NAICS Code 445299		4. Brief description of the character of business conducted in Rhode Island FRUIT ARRANGEMENTS					
5. State of Formation RI			•				
6 Principal Office Address	ss		City	State	Zip		
306 MAIL COACH ROAD			PORTSMOUTH	RI	02871		
7. Mailing Address of Limi		any and Name o	r Title of Contact Person				
Contact Name THEODORE KOSTISIN			Contact Title ME:MBER				
Street Address 306 MAII. COACH ROAD			City PORTSMOUTH	State RI	Zip 02871		
8 List ALL managers (na	ames and addresse	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Streel Address				
City	State	Ζφ	C:ty	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Ζφ	City	State	Zıp		
				Check the box to	indicate an attachment		
9. The Resident Agent inf	formation currently of	of record with the	e RI Department of State is accurat	te. Changes requi	re filing Form 642		
Under penalty of perjury statements, and that all	y, I declare and aff statements conta	irm that I have ined herein are	examined this report, including a true and correct.	any accompanyir	ng schedules and		
Name of Authorized Person		Date /					
THEODORE KOSTISIN	,			11/11	1./0mm		

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

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