



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 000358541

**2. Exact Name of the Limited Liability Company** ONCE UPON A DREAM, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

451211

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

OPERATE BOOKSTORE AND GIFT SHOP

**5. Principal Office Address**

No. and Street: 184 COUNTY ROAD

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 184 COUNTY ROAD

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|------------------------------------------------|------------------------------------------------------------|
|-------|------------------------------------------------|------------------------------------------------------------|

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DOUGLAS A. GIRON, ESQ. 1080 MAIN STREET PAWTUCKET , RI 02860

**Signed this 23 Day of November, 2020 at 2:28:03 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 JEFF RUTKO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 23, 2020 02:26 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

