



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Limited Liability Company

MAY 10 2021
 BY *[Signature]*

- 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 001696318		2. Exact name of the Limited Liability Company Shroomies LLC			
3. NAICS Code <i>355910</i>		4. Brief description of the character of business conducted in Rhode Island Apparel Sales			
5. State of Formation <i>RI</i>					
6. Principal Office Address 166 Valley St		City Providence		State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Edwina Kellers			Contact Title Business Agent		
Street Address 807 Main St Apt B3		City Hope Valley		State RI	Zip 02832
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	
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
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					
<i>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.</i>					
Name of Authorized Person Edwina Kellers				Date 5/5/2021	
Signature of Authorized Person <i>Edwina Kellers</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615