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	2. Exact name of the Limited Liability Company		
001682977	**Hungry Ghost Press LLC**		
3. NAICS Code 448110	4. Brief description of the character of business conducted in Rhode Island Retail clothing sales.		
5. State of Formation Rhode Island			
6. Principal Office Address 60 Valley Street, Unit 2	City Providence	State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Christopher W. Morrison	Contact Title Member		
Street Address 60 Valley Street, Unit 2	City Providence	State RI	Zip 02909
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 ☐			
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 Christopher W. Morrison	Date 5/20/21		
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

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MAY 25 2021
BY MA648
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FORM 632 - Revised: 08/2020