RI SOS Filing Number: 202100521890 Date: 8/30/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 202/ 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.

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1. Entity ID Number	Cartina ID Alicentes						
	2. Exact name of the Limited Liability Company						
001696973	giving Bayon ade Box LCC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
453220							
5. State of Formation	Selling gift boxes						
RT							
0.00	l				- 480 :		
6. Principal Office Address			City	State	Zip 02879		
24 Sweet Ferr Lane			leakaheld	RI	0085		
7. Mailing Address of Limited Liability Company and Name or Titte of Contact Person							
Contact Name SAN dia Et US			Contact Title Prese dent				
Street Address 24 Sweet Fenn Live.			City Wakefield	State	Zip 02879		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name as above			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		
•		·	Che	ck the box to indi	cate 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 Persop Date							
SANDRAGNES 8/25/2021							
Signature of Authorized Person							
Sandra	Em			_,			

MAIL TO:

Division of Business Services

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

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