



State of Rhode Island

**Department of State - Business Services Division**

**Annual Report for the year: 2021**

**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.

**FILED  
STAMP**

OCT 20 2021

BY 28

DEPARTMENT OF STATE  
DIVISION OF STATE  
LAW

1. Entity ID Number <b>1694999</b>	2. Exact name of the Limited Liability Company <b>Giggle Water, LLC</b>			
3. NAICS Code <b>722330</b>	4. Brief description of the character of business conducted in Rhode Island <b>Mobile catering and beverages</b>			
5. State of Formation <b>RI</b>				
6. Principal Office Address 16 Sunset Road		City Bristol	State RI	Zip 02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name <b>Sarah Gwizdowski</b> Contact Title <b>Member</b>				
Street Address <b>16 Sunset Road</b>		City Bristol	State RI	Zip 02809
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name <b>None</b>		Manager Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
Manager Name <b>None</b>		Manager Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
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 <b>Sarah Gwizdowski</b>			Date <b>9/7/21</b>	
Signature of Authorized Person 				

**MAIL TO:**

**Division of Business Services**

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

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