



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.

|                                                                                                                                                                                                      |             |                                                                                                                    |                          |                          |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------|
| 1. Entity ID Number<br><b>001675079</b>                                                                                                                                                              |             | 2. Exact name of the Limited Liability Company<br><b>Mariska's Confections, LLC</b>                                |                          |                          |              |
| 3. NAICS Code<br>311811                                                                                                                                                                              |             | 4. Brief description of the character of business conducted in Rhode Island<br>Selling baked goods at farm markets |                          |                          |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |             |                                                                                                                    |                          |                          |              |
| 6. Principal Office Address<br>52 Clearview Drive                                                                                                                                                    |             |                                                                                                                    | City<br>North Kingstown  | State<br>RI              | Zip<br>02852 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |             |                                                                                                                    |                          |                          |              |
| Contact Name<br>Pamela Fitzpatrick                                                                                                                                                                   |             |                                                                                                                    | Contact Title<br>Manager |                          |              |
| Street Address<br>52 Clearview Drive                                                                                                                                                                 |             |                                                                                                                    | City<br>North Kingstown  | State<br>RI              | Zip<br>02852 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |             |                                                                                                                    |                          |                          |              |
| Manager Name<br>Pamela Fitzpatrick                                                                                                                                                                   |             |                                                                                                                    | Manager Name             |                          |              |
| Street Address<br>52 Clearview Drive                                                                                                                                                                 |             |                                                                                                                    | Street Address           |                          |              |
| City<br>North Kingstown                                                                                                                                                                              | State<br>RI | Zip<br>02852                                                                                                       | City                     | State                    | Zip          |
| Manager Name                                                                                                                                                                                         |             |                                                                                                                    | Manager Name             |                          |              |
| Street Address                                                                                                                                                                                       |             |                                                                                                                    | Street Address           |                          |              |
| City                                                                                                                                                                                                 | State       | Zip                                                                                                                | City                     | State                    | Zip          |
| 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.                                                                  |             |                                                                                                                    |                          |                          |              |
| 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<br>Pamela Fitzpatrick                                                                                                                                                      |             |                                                                                                                    |                          | Date<br>October 26, 2021 |              |
| Signature of Authorized Person<br><i>Pamela Fitzpatrick</i> <span style="float: right;"><i>October 27, 2021</i></span>                                                                               |             |                                                                                                                    |                          |                          |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 27 2021  
B6/100