RI SOS Filing Number: 202104603420 Date: 11/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company		
001663659	**MY SON'S INFLATABLES, LLC**		
3. NAICS Code 713900	4. Brief description of the character of business conducted in Rhode Island INFLATABLE PARTY RENTALS AND AMUSEMENTS		
5. State of Formation RI			
6. Principal Office Address 6 CLEMENT STREET	City NORTH PROVIDENCE	State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name RYAN P. FOURNIER	Contact Title MEMBER		
Street Address 6 CLEMENT STREET	City NORTH PROVIDENCE	State RI	Zip 02904
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name N/A	Manager Name N/A		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name N/A	Manager Name N/A		
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	Date
RYAN P. FOURNIER	10/12/21

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