State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Danast for the years 2021	817.1
Annual Report for the year:	*
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 	

r						
Entity ID Number	2. Exact name of the Limited Liability Company					
001716144	BOOTED SMOKE, LLC					
5. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island . HOOKAD					
6. Principal Office Address			City	State	Zip	
25 PONTIAC AVENUE			PROVIDENCE	RI	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person .						
Contact Name ALEXIS RUIZ			Contact Title MANAGER			
Street Address 61 NORTH WILLIAMS STREET			City JOHNSTON	State RI	^{Zip} 02919	
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	lity Company, IF APPLICAE	BLE - DO NOT LIST ME	MBERS	
Manager Name ALEXIS RUIZ			Manager Name			
Street Address 61 NORTH WILLIAMS STREET			Street Address			
City JOHNSTON	State RI	^{Zip} 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Streel Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island, This information is currently of record with the Department of State. 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	Date	
ALEXIS RUIZ			11/09/202	11/09/2021		
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 1 5 2021