RI SOS Filing Number: 202105325790 Date: 11/23/2021 4:00:00 PM

State of Rhode Island
Department of S

## **Department of State - Business Services Division**

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2021 NOV 23 P 2: 46TAINP

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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.

Entity ID Number	2. Exact name of the Limited Liability Company					
001714091	GATOR UNLIMITED, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
454390	INTERNET RETAILER OF MASSAGE GUNS					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
577 WARREN AVENUE			EAST PROVIDENCE	RI	02914	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	•		
Contact Name VINCENT A. ARMENIO			Contact Title Member			
Street Address 64 FRANCIS STREET			City REHOBOTH	State MA	<sup>Zip</sup> 02769	
8. List ALL managers (names ar	nd addresses) (	of the Limited Liabi	ility Company, IF APPLICAI	BLE - DO NOT LIS	T MEMBERS	
Manager Name			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	
Check the box to indicate an attachment						
9. The Resident Agent information	on currently of r	ecord with the RI I	Department of State is accu	ırate. Changes requ	uire filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ng any accompany	ing schedules and	
Name of Authorized Person				Date	Date	
VINCENT A. ARMENIO				Nove	November 22, 2021	
Signature of Authorized Person	Ahl	4/				

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

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