



State of Rhode Island

Department of State - Business Services Division

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BUS. SVCS. DIV. STAFF
2021 NOV 26 PM 2:20

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 <u>661669771</u>		2. Exact name of the Limited Liability Company <u>Golden Dream Solutions, LLC</u>	
3. NAICS Code <u>524210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Consultant</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>681 Park Avenue Suite 21</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Teresa Fleurey</u>		Contact Title <u>Manager</u>	
Street Address <u>681 Park Avenue Suite 21</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Teresa Fleurey</u>		Manager Name	
Street Address <u>681 Park Ave Suite 21</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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 <u>Teresa Fleurey</u>		Date <u>11/23/21</u>	
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

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