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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.

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Entity ID Number	2. Exact na	ame of the Limite	ed Liability Company				
153914	Michael	Michael-John Creations, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
324999	Design, d	Design, develop, manufacture, and deliver woodworking products.					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
145 Scituate Avenue			Норе	RI	02831		
7. Mailing Address of Limite		any and Name o					
Contact Name John Notarianni			Contact Title Member	Contact Title Member			
Street Address 145 Scituate Avenue			^{City} Hope	State RI	^{Zip} 02831		
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address .			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. The Resident Agent infor	rmation currently	of record with the	e RI Department of State is ac	ccurate. Changes requir	re filing Form 642.		
Under penalty of perjury, statements, and that all s	i declare and affi statements conta	firm that I have ined herein are	examined this report, include true and correct.	ding any accompanyin	ng schedules and		
Name of Authorized Person				Date	Date		
John Notarianni				//-	23-2021		
Signature of Authorized Per	rson						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov