No Fee

State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Domestic Limited Liability Company
Annual Report - Amended

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. ID No. 001660775

2. Exact Name of the Limited Liability Company Dream Coat llc

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

519130

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

DIGITAL AND SOCIAL MARKETING

5. Principal Office Address

No. and Street: 3 BALTIMORE ST
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: REBECCA MANCINI Contact Title: CEO/OWNER
No. and Street: 3 BALTIMORE ST
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REBECCA MANCINI 69 METCALF AVENUE NORTH PROVIDENCE , RI 02911

Signed this 29 Day of March, 2022 at 7:23:39 PM by the authorized person. *This electronic*

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By REBECCA MANCINI
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 29, 2022 07:23 PM

Nellie M. Gorbea
Secretary of State