**State of Rhode Island**
**Office of the Secretary of State**

**No Fee**

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

# Foreign 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:** 2022

**1. ID No.** 001723596

**2. Exact Name of the Limited Liability Company** The Imagine Group, LLC

**3. State of Formation**

State: DE

**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.

541613

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

PROFESSIONAL SERVICES RELATED TO PRINTED PRODUCTS, SIGNAGE AND VISUAL COMMUNICATIONS

**5. Principal Office Address**

No. and Street: 1000 VALLEY PARK DRIVE
City or Town: SHAKOPEE State: MN Zip: 55379 Country: USA

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

Contact Name: Contact Title:
No. and Street: 1000 VALLEY PARK DRIVE
City or Town: SHAKOPEE State: MN Zip: 55379 Country: USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**Signed this 8 Day of June, 2022 at 12:07:42 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 TIMOTHY J. BETTENGA
Signature of Authorized Person

Form No. 632
Revised 09/07

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:

June 08, 2022 12:07 PM

Nellie M. Gorbea
*Secretary of State*