State of Rhode Island Fee: \$50.00
Office of the Secretary of State
Division Of Business Services 148 W. River Street
Providence RI 02904-2615
1636 (401) 222-3040
Limited Liability Company
Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), 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.
ANNUAL REPORT YEAR: 2023
1. ID No. <u>001688417</u>
2. Exact Name of the Limited Liability Company Cludda- Bugs LLC
3. State of Formation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>453310</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
CONSIGNMENT SHOP.
5. Principal Office Address
No. and Street: <u>93 WHIPPLE AVE</u>
City or Town:CRANSTONState: RIZip: 02920Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Title:
No. and Street: <u>93 WHIPPLE AVE</u> City or Town:CRANSTONState:RIZip:02920Country:USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
JENNIFER MCCARTHY 93 WHIPPLE AVENUE 1ST FLOOR CRANSTON , RI 02920

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of January, 2023 at 10:33:49 AM 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 <u>JENNIFER MCCARTHY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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