	E \$50.00
State of Rhode Island Office of the Secretary of State	Fee: \$50.00
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>001267359</u>	
2. Exact Name of the Limited Liability Company <u>SCENTAIR TECHNOLOGIES, LLC</u>	
3. State of Formation	
State: <u>DE</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>325211</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rh	ode
SALE OF FRAGRANCE DELIVERY SOLUTION PRODUCTS TO COMMERCIAL	
SALE OF TRADICANCE DELIVER I SULUTION PRODUCTS TO COMMERCIAL	
CLIENTS.	
CLIENTS. 5. Principal Office Address	
5. Principal Office Address	
5. Principal Office Address No. and Street: <u>3810 SHUTTERFLY ROAD, SUITE 900</u>	ntry- USA
5. Principal Office Address	ntry: <u>USA</u>
5. Principal Office Address No. and Street: <u>3810 SHUTTERFLY ROAD, SUITE 900</u>	ntry: <u>USA</u>
5. Principal Office Address No. and Street: <u>3810 SHUTTERFLY ROAD, SUITE 900</u> City or Town: <u>CHARLOTTE</u> State: <u>NC</u> Zip: <u>28217</u> Court 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>HAILEY VANSTRALEN</u> Contact Title:	ntry: <u>USA</u>
5. Principal Office Address No. and Street: <u>3810 SHUTTERFLY ROAD, SUITE 900</u> City or Town: <u>CHARLOTTE</u> State: <u>NC</u> Zip: <u>28217</u> Court 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>HAILEY VANSTRALEN</u> Contact Title: STAFF ACCOUNTANT No. and Street: <u>3810 SHUTTERFLY RD</u>	ntry: <u>USA</u>
5. Principal Office Address No. and Street: <u>3810 SHUTTERFLY ROAD, SUITE 900</u> City or Town: <u>CHARLOTTE</u> State: <u>NC</u> Zip: <u>28217</u> Court 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>HAILEY VANSTRALEN</u> Contact Title:	

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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 24 Day of January, 2023 at 2:26:54 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 HAILEY VANSTRALEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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