RI SOS Filing Number: 202328211830 Date: 2/10/2023 1:01:00 PM

State of Rhode Island						
Department of S	tate - Business Service	s Division				
Annual Report for the year: 2022  Limited Liability Company  → Filing period: February 1 - May 1  → Filing Fee: \$50.00				N.I. DEPT. OF BUS SVC 2023 FEB 10		
	fee if form is not filed by May 3	31.	_	<u> 유</u>	501VZ	
Entity ID Number	2. Exact name of the Limited Liability Company					
001730482	HOBBY HEADQUARTERS CARDS LLC					
3. NAICS Code 45951D	Brief description of the character of business conducted in Rhode Island COLLECTIBLE CRAD DEALER.					
5. State of Formation RI						
6. Principal Office Address 560 DRY BRIDGE RD		City NORTH KINGSTOWN	State RI	Zip 02852		
7. Mailing Address of Limited Lia	bility Company and Name or Title	e of Contact Person	<u></u>			
Contact Name MICHAEL MACCARONE		Contact Title OWNER				
Street Address 560 DRY BRIDGE RD		City NORTH KINGSTOWN	State RI	<sup>Zip</sup> 02852		
8. The Resident Agent information	on currently of record with the RI	Department of State is accurate. C	hanges require	filing Form 642	2	
	lare and affirm that I have exar nents contained herein are true	mined this report, including any and correct.	accompanying	schedules an	nd	
Name of Authorized Person			Date			
MICHAEL MACCARONE		2/6/2023				
Signature of Authorized Person	ilaure -					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

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