

Department of State - Business Services Division

STANIE

Annual Report for the year: $\frac{2023}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001726242	FLEUR SOIREE, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541490	FLORAL EVENT	DESIGN COMP	PANY	
5. State of Formation 2.1.				
6. Principal Office Address	2 nd FLOOR	City	State	Zip
747 AQUIDNECK	AVE	MIDDLETOWN	PI	02842
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	- 	
Contact Name PANTIN	1	Contact Title OWNER		
Streel Address 141 AQUIDNECK AVE.	2nd FLR BOX8	MIDDLE TOWN	State R1	Zi0 02842
8. The Resident Agent information	n currently of record with the RI D	epartment of State is accurate. (Changes requi	re filing Form 642.
Under penalty of perjury, I dec statements, and that all statem	are and affirm that I have examinate contained herein are true a	ned this report, including any	accompanyir	ng schedules and
Name of Authorized Person TERRI	PANTINI		Date 2.16.2023	
Signature of Authorized Person	Pantin			

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

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