



State of Rhode Island

Department of State - Business Services Division

FILED

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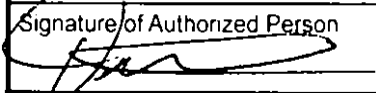
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FOR
SECRETARY OF STATE
STATE ONLYAnnual Report for the year: 2023

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 794041 | | 2 Exact name of the Limited Liability Company TWISTED COLLISION, LLC | |
| 3 NAICS Code 812990 | | 4. Brief description of the character of business conducted in Rhode Island Boat charters and advertising. | |
| 5 State of Formation RI | | | |
| 6. Principal Office Address 2244 Pawtucket Avenue | | City East Providence | State RI |
| | | | Zip 02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Stephen J. DiGianfilippo, Esq. | | Contact Title Attorney | |
| Street Address 50 Park Row West, Suite 111 | | City Providence | State RI |
| | | | Zip 02903 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person Dennis J. Bigelow, Manager | | Date 2-10-23 | |
| Signature of Authorized Person  | | | |

MAIL TO:

Division of Business Services

148 W River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov