	State	e of Rhode Isla	and	Fee: \$50.00	
	Office of the Secretary of State				
Division Of Business Services 148 W. River Street					
	Providence RI 02904-2615				
<b>1636</b> (401) 222-3040					
Limited Liability Annual Report Filing Period: Febr					
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: <u>2023</u>				
1. ID No. <u>001710024</u>					
2. Exact Name of the Limited Liability Company <u>Erba LLC</u>					
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>454111</u>					
4. Brief Description	on of the Character of the I	Business Which	is Actually Con	ducted in Rhode	
ONLINE RETAIL SALES OF BOTANICAL DESIGNS					
5. Principal Offic	e Address				
No. and Street:	<u>26 WEST STREET</u>				
City or Town:	WESTERLY	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: C					
No. and Street:	26 WEST STREET				
City or Town:	<u>APT. 2</u> WESTERLY	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>	
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					

## KATIE VACCA 26 WEST STREET WESTERLY , RI 02891

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

**Signed this 7 Day of April, 2023 at 9:51:22 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>KATIE A VACCA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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