

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

Penalty: Additional \$25.00	o ree ir form is not filed by May 3	l.		
1. Entity ID Number 001715767	2. Exact name of the Limited Liability Company FII, LLC			
3. NAICS Code 423990	Brief description of the character of business conducted in Rhode Island     Advertising Specialty Distributor			
5. State of Formation Rhode Island				
6. Principal Office Address One Weingeroff Blvd		City Cranston	State RI	Z <sub>IP</sub> 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Paul McConnell		Contact Title Manager		
Street Address One Weingeroff Blvd		<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02910
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			Date	
Paul McConnell			4-5-23	

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

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

FILED