




**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
 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.

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 BUS SVCS DIV

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1. Entity ID Number 001693701		2. Exact name of the Limited Liability Company IMAGINATIONZ, LLC	
3. NAICS Code 541330		4. Brief description of the character of business conducted in Rhode Island E 3D DESIGN AND LOGISTICS	
5. State of Formation RI			
6. Principal Office Address 20 GARFIELD AVE		City PROVIDENCE	State RI
Zip 02908			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name YOELSON REYES		Contact Title CEO	
Street Address 20 GARFIELD AVE		City PROVIDECE	State RI
Zip 02908			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person YOELSON REYES		Date 06/12/2023	
Signature of Authorized Person 			

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FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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