



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Limited Liability Company

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 SEP -8 P 12:06

- 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 <u>001736450</u>		2. Exact name of the Limited Liability Company <u>MIKE ARIN LLC</u>	
3. NAICS Code <u>452319</u>		4. Brief description of the character of business conducted in Rhode Island <u>Retail store</u>	
5. State of Formation <u>R.I.</u>			
6. Principal Office Address <u>45 N DOSENECK HILL ROAD, UNIT A</u>		City <u>WEST GREENWICH</u>	State <u>R.I.</u>
		Zip <u>02817</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ARINDA OLAWUYI</u>		Contact Title <u>CO-OWNER</u>	
Street Address <u>P.O. BOX 140041</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u>
		Zip <u>02817</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 <u>ARINDA R. OLAWUYI</u>			Date <u>9/8/23</u>
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

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BY T1859