RI SOS Filing Number: 202340822920 Date: 9/8/2023 2:18:00 PM



Annual Report for the year: **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,

R.I. DEPT OF STATE BUS SYCS DIV

2023 JUN -5 AM 10: 51

1. Entity ID Number 001686278	Exact name of the Limited Liability Company Closson Cookies LLC			
3. NAICS Code 424410	Brief description of the character of business conducted in Rhode Island Wholesale cookies sales and delivery direct to stores.			
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
58 Melody Hill CC Road		Chepachet	RI	02814
7. Mailing Address of Limited	d Liability Company and Name	or Title of Contact Person		
Contact Name Jeffrey Closson		Contact Title Resident Agent		
Street Address 58 Melody Hill CC Road		City Chepachet	State RI	Z <sub>10</sub> 02814
8. The Resident Agent inform	nation currently of record with	the RI Department of State is acco	urate. Changes requir	e filing Form 642
	declare and affirm that I have etements contained herein s	ve examined this report, including the true and correct.	ng any accompanyin	ng schedules and
Name of Authorized Person			Date	क रंजनां
Jeffrey Closson			05/30/202	3 7 E
Signature of Authorized Pers				Z: 1b

**FILED** 

SEP 08 2023 2:18pm BY LYS 12753

MAIL TO:

**Division of Business Services** 

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

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