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

2023 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001748528	AMANDA GRAY WRITING LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
711510	AUTHOR				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address	<del> </del>	City	State	Zıp	
211 HOWELL STREE	Γ	PROVIDENCE	RI	02906	
7. Mailing Address of Limited t	iability Company and Name o	Title of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name AMANDA GRAY		Contact Title OWNER			
Street Address 211 HOWELL ST		City PROVIDENCE	State RI	<sup>Zıp</sup> 02906	
8. The Resident Agent informa	ition currently of record with the	RI Department of State is accurate	e. Changes require	e filing Form 642	
9. Under penalty of perjury, statements, and that all state		e examined this report, including true and correct.	any accompany	ing schedules and	
Name of Authorized Person		Date			
AMANDA GRAY			11/20/2023		
Signature of Authorized Person	n				
7	<i>J</i> ,				
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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