RI SOS Filing Number: 202343275390 Date: 12/8/2023 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
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 | | | | |
|--|---|---------------|------------|-------|--|
| 001707008 | Horror Depot LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 713990 | MULTIVENDOR SIGHT | | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | · · · · · · · · · · · · · · · · · · · | City | State | Zıp | |
| 9 Marie | Prive | Coventry | R.F. | 02816 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| Joshua Dahl | i'n | | | | |
| Street Address | | City | State | Zip | |
| 9 Marie Drive | | Coventry | RI | 028/6 | |
| 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 | | | Date | | |
| Joshun Oghl | in | | 12/08/2023 | | |
| Signature of Authorized Person | | | | | |
| | | | | | |
| '//'- | | | | | |

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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