



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 <u>001762307</u>		2. Exact name of the Limited Liability Company <u>Gifts of Recovery, LLC</u>	
3. NAICS Code <u>813990</u>		4. Brief description of the character of business conducted in Rhode Island <u>Author, Recovery Speaker, Individual and Group Peer Support</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>35 S. Angell St. Unit 6</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Elizabeth Brenner</u>		Contact Title <u>Owner, Author, Speaker, Mentor</u>	
Street Address <u>20 Chantilly Drive</u>		City <u>Barnington</u>	State <u>RI</u>
		Zip <u>02806</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>Elizabeth Brenner</u>		Date <u>1/3/24</u>	
Signature of Authorized Person <u>[Signature]</u>			

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BY 10068
[Signature]

MAIL TO:

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