



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN -3 A 10:47

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

10:47

FILED

JAN 03 2024

BY 10068
EJ

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov