RI SOS Filing Number: 202444761080 Date: 1/25/2024 4:00:00 PM

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

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State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024 **Limited Liability Company** 

statements, and that all statements contained herein are true and correct.

Limited Liability Comp  → Filing period: February  → Filing Fee: \$50.00  → Penalty: Additional \$25.0	1 - May 1	lay 31.	BY <u></u>			
1. Entity ID Number	2. Exact name of the Limite	ed Liability Company				
001715767	FII, LLC					
3. NAICS Code 423990	Brief description of the character of business conducted in Rhode Island     Advertising Specialty Distributor					
5. State of Formation Rhode Island	1					
6. Principal Office Address	<u> </u>	City	State	Zip		
One Weingeroff Blvd		Cranston	RI	02910		
7. Mailing Address of Limited L	iability Company and Name or	r Title of Contact Person				
Contact Name Paul McConnell		Contact Title Manager	Contact Title Manager			
Street Address One Weingeroff Blvd		City Cranston	State RI	<sup>Zip</sup> 02910		
8. The Resident Agent informa	tion currently of record with the	e RI Department of State is acc	urate. Changes require	e filing Form 642.		

Date

**FILED** 

Signature of Authorized Person

Name of Authorized Person

Paul McConnell

MAIL TO:

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

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