

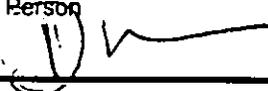


**State of Rhode Island
Department of State - Business Services Division**

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.

FILED
FEB 14 2024
BY P 54304

| | | | | |
|---|--|---|----------------------------|---------------------|
| 1. Entity ID Number <u>869844</u> | | 2. Exact name of the Limited Liability Company <u>CHALLENGE COIN COMPANY LLC</u> | | |
| 3. NAICS Code <u>561210</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Design + sell challenge coins and for any other lawful purpose or purposes.</u> | | |
| 5. State of Formation <u>Rhode Island</u> | | | | |
| 6. Principal Office Address <u>177 Georgia Avenue</u> | | City <u>Providence</u> | State <u>RI</u> | Zip <u>02905</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name <u>Douglas Anderson</u> | | Contact Title <u>CEO</u> | | |
| Street Address <u>177 Georgia Avenue</u> | | City <u>Providence</u> | State <u>RI</u> | Zip <u>02905</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>Douglas Anderson</u> | | | Date <u>Feb 6, 2024</u> | |
| Signature of Authorized Person  | | | | |

MAIL TO:

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