RI SOS Filing Number: 202447905210 Date: 3/4/2024 3:06:00 PM

Annual Report for the year: 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. 1. Entity ID Number 1335999 2. Exact name of the Limited Liability Company Playdate uc 3. NAICS Code 812910 4. Brief description of the character of business conducted in Rhode Island 812910 5. State of Formation R1 6. Principal Office Address 64 aller are Contact Name Contact Name Contact Name Contact Title Aimec Pardington Street Address 64 aller are City North Providence State City North Providence State City North Providence State Zip O2911	State of Rhode Isla Department of S	nd State - Business Service	s Division			074440	
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812910 5. State of Formation R1 6. Principal Office Address 64 aller Over 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Oinec Pardington Street Address 64 aller Over City North Providence State 2ip 02911 Contact Title 64 aller Over City North Providence State 2ip 02911			• •	у	<u> </u>		
6. Principal Office Address 6. Valley alley are City North Providence RI 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Owner Street Address 64 alley are 64 alley are North Providence State RI 2ip 02911							
North Providence R1 02911 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Connect Pardington Street Address GY allen ave City North Providence R1 02911		dog sitting					
Contact Name Contact Title Owner Street Address City North Providence RI 02911			City North	Providence		1 7	
Contact Name Contact Title Owner Street Address City North Providence RI 02911	7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Pe	erson			
64 allen ave North Providence State 21 02911	Contact Name		Contact Title				
O. The Decident Accept information of the state of the st	L SUPPLADURSS		City	Providence	State P.	Zip 02911	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.	8. The Resident Agent information	on currently of record with the RI C	Department of	State is accurate. C	hanges require	e 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.	9. Under penalty of perjury, I d	eclare and affirm that I have ex	amined this re			-	
Name of Authorized Person Oince Pardington Date 2-26-24					■ ** * * * * * * * * * * * * * * * * *		

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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