



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number <u>001341639</u>		2. Exact name of the Limited Liability Company <u>Bogosplit, LLC</u>	
3. NAICS Code <u>454111</u>		4. Brief description of the character of business conducted in Rhode Island <u>My business is a online marketplace that promotes online sales for small brands and businesses.</u>	
5. State of Formation <u>Rhode Island</u>			
6. Principal Office Address <u>166 Valley St. Building 61M Suite 103</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Adriano Pinto</u>		Contact Title <u>Co Founder</u>	
Street Address <u>166 Valley St. Building 61M Suite 103</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02909</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>Adriano Pinto</u>		Date <u>3/5/24</u>	
Signature of Authorized Person <u>Adriano Pinto</u>			

MAIL TO:  
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BY ML DE 352