RI SOS Filing Number: 202448299020 Date: 3/8/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 Limited Liability Company

-> Fiting period: February 1 - May 1

→ Fiting Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

| FILED |
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| MAR 0 8 2024 BY |
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| 1. Entity ID Humber | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|----------------------|---------------|-------------|--|--|
| 000/43570 | FLORI'S TREASURES, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 453998 | ART GLASS, LAMPS, JEWELRY AND GIFTS | | | | | |
| 5. State of Formation | | • | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 45 CANDLEN | 1000 PRIVE | City NORTH KINGSTOWN | RI | 02852 | | |
| 7. Mailing Address of Limited Lia | bility Company and Name or Title | e of Contact Person | | | | |
| Contact Hame Contact Title PRESIDENT | | | | | | |
| Street Address 45 CANALF WOO | OD PRIVE | NORTH KINGSTOWN | State R.F. | 20 02852 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| 9. Under penelty of perfury, 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 BRIAN K. NELSON | | Bate 3/5/24 | | | | |
| Signature of Authorized Person Built A Plake—— | | | | | | |

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