



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

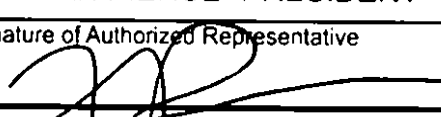
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIOS BSD
24 MAR 12 PM 1:46:10

1. Entity ID Number 001741847		2. Exact name of the Corporation MYSTICAL MAGICK INC			
3. Principal Office Address C/O FARRAH PIERCE PO BOX 19252		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island SPIRITUAL READINGS AND INCANTAS PERFORMED			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FARRAH PIERCE			Vice-President Name FARRAH PIERCE		
Street Address P.O. BOX 19252			Street Address 139 KING PHILLIP STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FARRAH PIERCE			Director Name		
Street Address 139 KING PHILLIP STREET			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		1,000		CNP	
				0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative FARRAH PIERCE- PRESIDENT				Date 03/12/2024	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY XCYCS

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FORM 630- Revised. 12/2023