



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

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1. Entity ID Number 001658021		2. Exact name of the Limited Liability Company IMAGINE ENTERPRISES LLC		
3. NAICS Code 453220		4. Brief description of the character of business conducted in Rhode Island run a gift retail shop		
5. State of Formation Rhode Island				
6. Principal Office Address 5 Miller Street		City Warren	State RI	Zip 02885
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Michelle Fox		Contact Title		
Street Address 5 Miller Street		City Warren	State RI	Zip 02885
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 Michelle Fox			Date 3-15-2024	
Signature of Authorized Person <i>Michelle Fox</i>				

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

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