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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

-> 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	2. Exact name of the Limited Lia	hility Company				
	1					
0017511018	THE BIFSSED BOUTIONE LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
453110	Flower Bortique					
5. State of Formation		V* -				
RI						
6. Principal Office Address	City	State	Zip			
183 mantan M	Providence	RI	02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Reina Del Camen Hernandez Flores Gwner						
Street Address		City	State	Zip		
132 Harald St		Providence	1 R1	02908		
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		****	Date			
Silvia Andasol		3/14	24			
Signature of Authorized Person						
delya yama AA.						
						

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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