RI SOS Filing Number: 202449419210 Date: 3/26/2024 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

→ 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 Lim	2. Exact name of the Limited Liability Company				
764969	ElleDee Creativ	ElleDee Creative, LLC				
3. NAICS Code 541820	4. Brief description of the Consultant	Brief description of the character of business conducted in Rhode Island     Consultant				
5. State of Formation						
6. Principal Office Address		City	State	Zip		
25 Jackson Avenue		Riverside	RI	02915		
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	<u> </u>	<u>-</u>		
Contact Name Timothy J. Chapman, Esq.		Contact Title Agent				
Street Address 349 Warren Avenue		City East Providence	State	<sup>Zip</sup> 02914		
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accurate.	Changes requir	e filing Form 642.		
	y, I declare and affirm that I h tatements contained herein a	ave examined this report, including are true and correct.	any accompany	ring schedules and		
Name of Authorized Person			Date / /			
Lisa E. DiMonte			3///	/24		
Signature of Authorized Pe	Morte		7/	<del>'                                    </del>		

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BYML 3636

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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