

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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Entity ID Number	2. Exact name of the Lin	2. Exact name of the Limited Liability Company			
764969		ElleDee Creative, LLC			
3. NAICS Code 541820		Brief description of the character of business conducted in Rhode Island			
5. State of Formation					
RI					
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			
Contact Name Timothy J.	Chapman, Esq.	Contact Title Agent			
Street Address 349 Warren Avenue		City East Providence	State RI	^{Zip} 02914	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
	y, I declare and affirm that I h tatements contained herein a	nave examined this report, including a are true and correct.	any accompan	ying schedules and	
Name of Authorized Person		Date	Date / /		
Lisa E. DiMonte		3/1/24			
Signature of Authorized Pe	Morte			,	

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MAIL TO:

Division of Business Services

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