		of Rhode Island le Secretary of S		Fee: \$50.0
		Of Business Servic W. River Street	ces	
		nce RI 02904-261	5	
1636		01) 222-3040)	
)1) 222-3040		
Limited Liability	Company			
Annual Report Filing Period: Febr	ruary 1 - May 1			
In accordance with	h R.I.G.L. 7-16-66(d), each lim	ited liability compa	ny failing or	
refusing to file its a	annual report within thirty (30)	days after the time		<i>y</i>
law (R.I.G.L. 7-16-	-66(b&c)) is subject to a penalt	y fee of \$25.00.		
ANNUAL REPOR	T YEAR - ENTER THE CURREN	IT YEAR 2024 : <u>2</u>	.024	
1. ID No. <u>001</u>	722260			
2. Exact Name o	f the Limited Liability Compa	ny <u>Crealityofit LL</u>	<u>,C</u>	
3. State of Form	ation			
State: <u>RI</u>				
	NAI	ICS CODE		
-	NAICS Code that best describ of codes <u>here.</u> More informati			
<u>321999</u>				
4 Brief Descripti	on of the Character of the Bu	siness Which is A	ctually Condu	ucted in Rhode
Island	RING PLASTIC AND WOO	<u>D</u>		
Island		<u>D</u>		
Island <u>MANUFACTUI</u>	e Address	<u>D</u>		
Island <u>MANUFACTUR</u> 5. Principal Offic	e Address <u>343 HILL FARM RD</u>	<u>D</u>		
Island <u>MANUFACTUR</u> 5. Principal Offic	e Address		Zip: <u>02914</u>	Country: <u>USA</u>
Island <u>MANUFACTUE</u> 5. Principal Offic No. and Street: City or Town:	e Address <u>343 HILL FARM RD</u> <u>UNIT B</u>	State: <u>RI</u>		
Island <u>MANUFACTUE</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Address Contact Name:	ce Address <u>343 HILL FARM RD</u> <u>UNIT B</u> <u>COVENTRY</u> ss of Limited Liability Compar Contact Title:	State: <u>RI</u>		
Island <u>MANUFACTUE</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Address	ce Address 343 HILL FARM RD UNIT B COVENTRY ss of Limited Liability Compar Contact Title: 343 HILL FARM ROAD	State: <u>RI</u>		
Island <u>MANUFACTUE</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Address Contact Name:	ce Address <u>343 HILL FARM RD</u> <u>UNIT B</u> <u>COVENTRY</u> ss of Limited Liability Compar Contact Title:	State: <u>RI</u>		Person:

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

 $\frac{\text{VCORP SERVICES, LLC}}{\text{RI 02914}} \underbrace{450 \text{ VETERANS MEMORIAL PARKWAY, SUITE 7A}}_{\text{EAST PROVIDENCE}},$

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of April, 2024 at 8:26:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH HORVATH

Signature of Authorized Person

Form No. 632 Revised 09/07

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