



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RIDOS BSD  
 24 APR 17 AM 9:45:52

**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.

|   |  |                         |                  |              |
|---|--|-------------------------|------------------|--------------|
| 1. Entity ID Number<br>1680578  | 2. Exact name of the Limited Liability Company<br>Novelty Sales, LLC                           |                         |                  |              |
| 3. NAICS Code<br>424990   | 4. Brief description of the character of business conducted in Rhode Island<br>Wholesale Sales |                         |                  |              |
| 5. State of Formation<br>Rhode Island   |  |                         |                  |              |
| 6. Principal Office Address<br>55 Maize Corn Rd   |  | City<br>Portsmouth      | State<br>RI      | Zip<br>02871 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                         |                  |              |
| Contact Name<br>Gary Dasilva  |  | Contact Title<br>Member |                  |              |
| Street Address<br>55 Maize Corn Rd  |  | City<br>Portsmouth      | State<br>RI      | Zip<br>02871 |
| 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<br>Gary Dasilva   |  |                         | Date<br>3/6/2024 |              |
| Signature of Authorized Person<br><i>Gary Dasilva</i>   |  |                         |                  |              |

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**MAIL TO:**

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