		e of Rhode Is the Secretary		Fee: \$50.00
	Divisio	on Of Business S	Services	
	14	48 W. River Stre	eet	
	Provi	dence RI 02904	-2615	
1636		(401) 222-3040	)	
Limited Liability Com Annual Report Filing Period: February 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. <u>001668674</u>				
2. Exact Name of the Limited Liability Company Final Gift USA, LLC				
3. State of Formation				
State: <u>DE</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>812220</u>				
4. Brief Description of t Island	he Character of the	Business Whicl	h is Actually Con	ducted in Rhode
PET CREMATION SERVICES				
5. Principal Office Add	ress			
No. and Street: 2	DANIELS WAY			
<u> </u>	<u>CRANSTON</u>	State: <u>RI</u>	Zip: <u>02921</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contac	t Title:			
	DANIELS WAY			
City or Town: <u>C</u>	RANSTON	State: <u>RI</u>	Zip: <u>02921</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI				

<u>02888</u>

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

**Signed this 22 Day of April, 2024 at 7:06:55 AM 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 <u>DESMOND CARTIER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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