



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

REC'D RIDGS BSD
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Annual Report for the year: 2018
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 <u>912508</u> | 2. Exact name of the Limited Liability Company SMALLS PARADISE | | |
| 3. NAICS Code 453000 | 4. Brief description of the character of business conducted in Rhode Island USED BOOK SALES | | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 31 OLNEY ST | City PROVIDENCE | State RI | Zip 02906 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name MICHAEL FREEMAN | | Contact Title OWNER / 4014587178 | |
| Street Address 31 OLNEY ST | City PROVIDENCE | State RI | Zip 02906 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. <i>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.</i> | | | |
| Name of Authorized Person MICHAEL FREEMAN | | Date 04/22/2024 | |
| Signature of Authorized Person <i>Michael Freeman</i> | | | |

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MAIL TO:
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