



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2017

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 <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. 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 MICHAEL FREEMAN		Date 04/22/2024	
Signature of Authorized Person <i>Michael Freeman</i>			

FILED 232

APR 22 2024

BY *AKWIT*
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MAIL TO:

Division of Business Services

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