		1
Q	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability Annual Report Filing Period: Febr		
refusing to file its a	n R.I.G.L. 7-16-66(d), each limited liability company failing or annual report within thirty (30) days after the time prescribed by 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>001</u> 2	732309	
2. Exact Name of the Limited Liability Company <u>ARCHER AND OLIVE, LLC</u>		
3. State of Forma	ation	
State: <u>TX</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>425120</u>		
4. Brief Description	on of the Character of the Business Which is Actually Conducted in	Rhode
ECOMMERCE I	RETAILER	
5. Principal Offic	e Address	
No. and Street:	1807 MANADA TRAIL	
City or Town:		ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: 0	Contact Title:	
No. and Street:	1807 MANADA TRAIL	
City or Town:	CEDAR PARK State: <u>TX</u> Zip: <u>78641</u> Count	ry: <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		
REGISTERED AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806		

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

Signed this 23 Day of April, 2024 at 4:23:16 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 <u>BONNIE KUHL</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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