

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

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 1756795 | | 2. Exact name of the Limited Liability Company The Brand Workshop, LLC | | | |
|---|--|---|--|----------------------|--|
| 3. NAICS Code 541613 | | Brief description of the character of business conducted in Rhode Island Owning and operating a consulting business | | | |
| 5. State of Formation | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| P.O. Box 343, 200 Middle Highway | | Barrington | RI | 02806 | |
| 7. Mailing Address of Limite | ed Liability Company and Name or Tit | le of Contact Person | 1 | <u>.</u> | |
| Contact Name Linda M. Hamilton | | Contact Title Manager | | | |
| P.O. Box 343, 200 Middle Highway | | City Barrington | State RI | ^{Zip} 02806 | |
| 8. The Resident Agent infor | rmation currently of record with the R | Department of State is accur | rate. Changes requir | re filing Form 642. | |
| 9. Under penalty of perjuing statements, and that all s | ry, I declare and affirm that I have e tatements contained herein are tru | examined this report, include and correct. | ing any accompan | ying schedules and | |
| Name of Authorized Person | | | Date | | |
| Linda M. Hamilton | | 19 April 2024 | | | |
| Signature of Authorized Re | up Hmi | | ······································ | | |

MAIL TO:

Division of Business Services

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