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

2024 Annual Report for the year: **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	2. Exact name of the Limited	Liability Company		
1744818	Powered By Play, LLC			
3. NAICS Code 531120 5. State of Formation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island LEASING AND RENTING OF REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO PERMISSIBLE BY LAW			
6. Principal Office Address	-	City	State	Zip
2890 POST ROAD		WARWICK	RI	02886 .
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person		
Contact Name LORI A. WAGNER		Contact Title MEMBER		
Street Address 2890 POST ROAD		City WARWICK	State	^{Zip} 02886
8. The Resident Agent informa	ation currently of record with the F	RI Department of State is accur	rate. Changes require	e filing Form 642.
9. Under penalty of perjury, statements, and that all state	l declare and affirm that I have ements contained herein are tr	examined this report, includ ue and correct.	ing any accompany	ring schedules and
Name of Authorized Person			Date /	•/ •
LORI A. WAGNER			4/21	1)24
Signature of Authorized Perso	De elega			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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