RI SOS Filing Number: 202454482090 Date: 5/7/2024 4:00:00 PM



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

Annual Report for the year: Limited Liability Company

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

257		00	
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Entity ID Number	2. Exact name of the Lir	2. Exact name of the Limited Liability Company				
155211	Camp Lucky St	Camp Lucky Strike, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island     Payroll - administration - employee leasing.					
561320						
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zip		
667 Kingstown Road	I	Wakefield	RI	02879		
7. Mailing Address of Limite	d Liability Company and Name	e or Title of Contact Person		<del></del>		
Contact Name		Contact Title				
Ellen Cesario		Sole Member				
Street Address 667 Kingstown Road		City Wakefield	State RI	<sup>Zip</sup> 02879		
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes requir	e filing Form 642.		
•	y, I declare and affirm that I tatements contained herein a	have examined this report, includers true and correct.	ling any accompany	ving schedules and		
Name of Authorized Person			Date /// c			
Ellen Cesario			4/20/24			
Signature of Authorized Per	aio m					

MAIL TO:

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

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