



State of Rhode Island  
Department of State - Business Services Division

MAY 16 2024

120

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<br><b>1693969</b>   |  | 2. Exact name of the Limited Liability Company<br><b>RUSTLE &amp; SPARK, LLC</b>   |                         |                     |
| 3. NAICS Code<br><b>541613</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the business of consulting with respect to marketing.</b> |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |  |  |                         |                     |
| 6. Principal Office Address<br><b>7 Maple Road</b>  |  | City<br><b>Warren</b>  | State<br><b>RI</b>      | Zip<br><b>02885</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                         |                     |
| Contact Name<br><b>Adam Olenn</b>   |  | Contact Title  |                         |                     |
| Street Address<br><b>7 Maple Road</b>   |  | City<br><b>Warren</b>  | State<br><b>RI</b>      | Zip<br><b>02885</b> |
| 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<br><b>Adam Olenn</b>  |  |  | Date<br><b>✓ 5/1/24</b> |                     |
| Signature of Authorized Person<br><b>✓ — Adam R. Olenn</b>  |  |  |                         |                     |

**MAIL TO:**  
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