RI SOS Filing Number: 202454769100 Date: 5/22/2024 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

REC'D RIDOS BSD 24 MAY 22 FH3:37:07

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.

Entity ID Number	2. Exact name of the Limited Lia	bility Company	1	
001742599	Fantasy Store and Botany LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
1453491	Botonical and religious stated			
5. State of Formation	<b>to</b>			
121				
6. Principal Office Address		City	State	Zip
328 Pola SSO	rAn	Providence	RI	09909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	,	Contact Title		
mairelys	Voldez	OWNER		
Street Address	2 1	City	State	Zip
328 pocesset av		pro vidence	RI	00909
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			Date	<u></u>
Mourelys Valder				
Signature of Authorized Person				
Total Dolder				

FILED 338 MAY 22 2024 BY 53NNT

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov