

## State of Rhode Island

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

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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~	REC'D RIDOS BSD 24 MAY 22 843:37:07

Entity ID Number	2. Exact name of the Limited Liability Company					
001742599	Fantasy Store and Botany LLC					
3. NAICS Code						
453991 Botonical and religious states						
5. State of Formation						
V-\						
6. Principal Office Address	<u> </u>	City	State	Zip		
220 DNG SCO	r Ana	1000	87-	1/10909		
200 1 Ma 380	1 1/10	troviden ce	KT	1000101		
7. Mailing Address of Limited Lia	ability Company and Name or Titl	e of Contact Person				
Contact Name Contact Title						
Mairelys	Voldez	OWNER				
Street Address	- 4	City	State	Zip		
378 pous	set ov	pro vidence	RI	100909		
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	1 ( (		Date			
Mourelys	, Valdez					
Signature of Authorized Person						
whome bolder						

MAY 2 2 2024
BY 53NNT

MAIL TO:

**Division of Business Services** 

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

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