



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

MAY 30 2024

363 *or*

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 <b>000793996</b>		2. Exact name of the Limited Liability Company <b>Surplus Provisions LLC</b>	
3. NAICS Code <b>451110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Retailer of Sporting goods, clothing, etc.</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>721 Pontiac Ave.</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name		Contact Title <b>Owner</b>	
Street Address <b>721 Pontiac Ave.</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</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 <b>Frank E. Pereira Jr.</b>			Date <b>5/25/2024</b>
Signature of Authorized Person <i>Frank E. Pereira Jr.</i>			

**MAIL TO:**  
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