RI SOS Filing Number: 202457528290 Date: 7/1/2024 2:20:00 PM



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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---|---|---------------|----------|-------|--|
| 1748869 | Creatives | OD LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 1541921 | Photography studio | | | | |
| 5. State of Formation | Media Business | | | | |
| RI | Event Planning | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 69 Montgomery | st Unit 1 | Pawtucker | RT | 02860 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | - | |
| Eben Ponte | | Dunon | | | |
| Street Address | | City | State | Zip | |
| 69 Montgomers | st Unit 1 | Pawtacket | RI | 12860 | |
| 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 / | 1 | |
| Eben Dentie | | | 07/01/24 | | |
| Signature of Authorized Person | | | | | |
| 15600 | | | | | |

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MAIL TO:

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

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