State of Rhode Island Office of the Secretary of State	Fee: \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615	
(401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	by
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>	
1. ID No. <u>001755750</u>	
2. Exact Name of the Limited Liability Company <u>SURFNUT LLC</u>	
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>315990</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
DESIGN, SHIPPING, COMMUNICATION AND STORAGE OF BAGS, ITEMS	<u>T SHIRTS, ALL</u>
DESIGN, SHIPPING, COMMUNICATION AND STORAGE OF BAGS, ITEMS RELATED TO THE BUSINESS.	<u>T SHIRTS, ALL</u>
ITEMS	<u>T SHIRTS, ALL</u>
ITEMS   RELATED TO THE BUSINESS.   5. Principal Office Address	<u>T SHIRTS, ALL</u>
ITEMS   RELATED TO THE BUSINESS.   5. Principal Office Address	
ITEMS   RELATED TO THE BUSINESS.   5. Principal Office Address   No. and Street: 240 USQUEPAUGH RD	Country: <u>USA</u>
ITEMS   RELATED TO THE BUSINESS.   5. Principal Office Address   No. and Street: 240 USQUEPAUGH RD   City or Town: WEST KINGSTON   State: RI   Zip: 02892   6. Mailing Address of Limited Liability Company and Name or Title of Contact   Contact Name: MICHAEL CUNEO   Contact Title: OWNER	Country: <u>USA</u>
ITEMS   RELATED TO THE BUSINESS.   5. Principal Office Address   No. and Street: 240 USQUEPAUGH RD   City or Town: WEST KINGSTON State: RI Zip: 02892   6. Mailing Address of Limited Liability Company and Name or Title of Contact	Country: <u>USA</u> ct Person:

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

 $\underline{\mathsf{UNITED}\;\mathsf{STATES}\;\mathsf{CORPORATION}\;\mathsf{AGENTS},\;\mathsf{INC.}\;222\;\mathsf{JEFFERSON}\;\mathsf{BLVD.}\;\underline{\mathsf{SUITE}\;200}\;\underline{\mathsf{WARWICK}}\;,\\ \underline{\mathsf{RI}\;02888}$ 

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 16 Day of July, 2024 at 10:26:57 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By MICHAEL CUNEO

Signature of Authorized Person

Form No. 632 Revised 09/07

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