



State of Rhode Island
Department of State - Business Services Division

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

JUL 15 2024
1001 *OR*

1. Entity ID Number 001757044		2. Exact name of the Limited Liability Company It's a Wrap LLC		
3. NAICS Code 541990		4. Brief description of the character of business conducted in Rhode Island VEHICLE WRAP/ DETAILING		
5. State of Formation <i>RI</i>				
6. Principal Office Address PO BOX 343 148 ATWOOD AVE		City CRANSTON	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name WILLIAM CAWLEY		Contact Title OWNER		
Street Address PO BOX 343 148 ATWOOD AVE		City CRANSTON	State RI	Zip 02920
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 WILLIAM CAWLEY			Date 2/9/2024	
Signature of Authorized Person <i>William Cawley</i>				

MAIL TO:
Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov