

RI SOS, Filing Number: 202458478620 Date: 7/31/2024 2:45:00 PM

Department of State - Business Services Division

Annual Report for the year: **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.

REC'D RIDOS '24 JUL 31 PK2	
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770	. <u> </u>

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	10-11-1			
001736785	EXOTIC HOOKAN	n Shop UC	, 	· · · · · · · · · · · · · · · · · · ·		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
4 53991	Hooken Suffice					
5. State of Formation	1	•				
RI						
6. Principal Office Address		City	State	Zip		
312 Broad	5+	Providence	IRI	029 07		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	4	Contact Title				
Juan C S	anchef	honor				
Street Address	.•	City	State	Cagos		
31 AShmont St		Providence	1 P.C.	02903		
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			
Juan c	Sanchet		07/3/	24		
Signature of Authorized Person						

MAIL TO:

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

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

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