RI SOS Filing Number: 202459318880 Date: 9/11/2024 4:00:00 PM



State of Rhode Island

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.

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1 Entity ID Number	2. Exact name of the Limited Liability Company					
0017/7/07	Botanica 21 Divición LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
8 13 0 00 5. State of Formation	Relgeous services and sele					
RI						
6. Principal Office Address		City	State	Zip		
1425 broad	st	Prov.	RI	02905		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Kerbi Di AZ OW		OWner	Nnev			
Street Address		City	State	Zip		
191 stevling AVE		KYOV.	1R7	02909		
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			
Kerhi nina	2		9-11-	2024		
Signature of Authorized Person						
Kerbi Din						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 632 Revised: 12/2023