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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2 Limited Liability Company

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company			
001734341	Off One Group LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Lifestyle Brand			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
112 Westwood Ave		Cranston	RI	02905
7. Mailing Address of Limited	Liability Company and Name	or Title of Contact Person	·	
Contact Name Sean Swepson		Contact Title Owner		
Street Address 112 Westwood Ave		City Cranston	State RI	^{Zip} 02905
8. The Resident Agent inform	nation currently of record with t	he RI Department of State is acc	urate. Changes requir	e filing Form 642.
	r, I declare and affirm that I haten atements contained herein ar	ave examined this report, inclure true and correct.	ding any accompany	ying schedules and
Name of Authorized Person SUL D SO A			Date 9/24/24	
Signature of Authorized Pers	son			1

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

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