## 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.

1. Entity ID Number 001718433	2. Exact name of the Limited Liability Company Hoppz LLC  4. Brief description of the character of business conducted in Rhode Island Non-revenue generating mobile application			
3. NAICS Code 541990				
5. State of Formation				
6. Principal Office Address		City	State	Zip
835 Sherborne CT		Libertyville	łL.	60048
7. Maiting Address of Limited	d Liability Company and Name o	or Title of Contact Person		
Contact Name Miles McQuillen		Contact Title Founder		
Street Address 11 Purdy Street Apt 401		City Harrison	State NY	<sup>Zip</sup> 10528
8. The Resident Agent inform	nation currently of record with th	e RI Department of State is acqu	irate. Changes require	filing Form 642.
	r, I declare and affirm that I have etements contained herein are	ve examined this report, include true and correct.	ding any accompanyi	ing schedules and
Name of Authorized Person			Date	
Miles McQuillen			10/3/2024	
Signature of Authorized Pers	son pe LOC			

MAIL TO:

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

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