

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2025
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	Exact name of the Limited Liability Company Fired Woodcraft IIC Brief description of the character of business conducted in Rhode Island Woodworking, Crafts, laser engraving			
001706311				
3. NAICS Code 333243				
5. State of Formation Rhode Island				
6. Principal Office Address		City	State	Zip
3 Brenda Dr		Coventry	RI	02816
7. Mailing Address of Limiter	d Liability Company and Name or	Title of Contact Person		
Contact Name Christopher LeClair		Contact Title Director of Operations		
Street Address 3 Brenda Dr		City Coventry	State	^{Zip} 02816
8. The Resident Agent inform	mation currently of record with the	RI Department of State is accu	rate. Changes requir	e filing Form 642.
	y, I declare and affirm that I have atements contained herein are t		ding any accompany	ing schedules and
Name of Authorized Person		Date		
Christopher LeClair		01/10/2025		
Signature of Authorized Page	500	·		

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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