

State of Rhode Island Department of State - Business Services Division

2023

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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.

2014 FEB 20 🗯 🚊 🙀

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001733545	Sweetfairy LLC ~ (1)			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
722320	Produce vegan success and treats			
5. State of Formation	<u>.</u>	• •	-	TO A PARTY
Rhode Island				IVE TION
6. Principal Office Address	-	City	State	3 D S I
752 Plainnier St.		Providenco.	ีย	50290A
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Sherka Nunez		Owner		
Street Address		City	State	Zip
750 Plainfreld Sto		Providence.	RI	0२,१८१
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	,
Sheisea Nunea			09112194	
Signature of Authorized Person				
to many of				
				<u> </u>

MAIL TO:

Division of Business Services

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

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JAN 16 2025

