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State of Rhode Island Department of State - Business Services Division

REC'D RIABS BSD 15 JPN 17-H2:28:4

Annual Report for the year: 2015 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.

	T			
1. Entity ID Number	2. Exact name of the Limited Liability Company			
001707008	Horror Depot LLC 4. Brief description of the character of business conducted in Rhode Island			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
713 990	Multivendor sight			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
9 Marie Prive		Corentry	RI	02816
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Joshun Pahl	انم			
Street Address		City	State	Zip
9 Marie Drive		Coventry	RI	02816
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	
Joshua Dahlin			1/17/25	
Signature of Authorized Person				

FILED 2:29

JAN 17 2025

MAIL TO:

Division of Business Services

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

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