

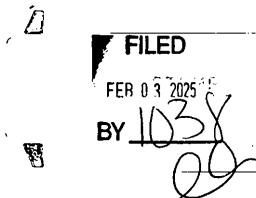
## State of Rhode Island Department of State - Business Services Division

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	2. Exact name of the Limite	2. Exact name of the Limited Liability Company			
001685298	BluBirdie, LLC	BluBirdie, LLC			
3. NAICS Code	4. Brief description of the ch	4. Brief description of the character of business conducted in Rhode Island			
459420	Online personalized	Online personalized products store			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
5 Morning Rd		Richmond	RI	02892	
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person			
Contact Name		Contact Title			
Scott Viole	ette	Owner			
Street Address 5 Morning Rd		City Richmond	State R1	<sup>Zip</sup> 02892	
8. The Resident Agent info	mation currently of record with the	RI Department of State is accur	rate. Changes require	e filing Form 642.	
	ry, I declare and affirm that I hav tatements contained herein are		ing any accompany	ing schedules and	
Name of Authorized Person			Date		
Scott Violette			February 1, 2025		
Signature of Authorized Pe	rson At III				

MAIL TO:

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

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