

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

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.

2025

Entity ID Number	2. Exact name of the Limited Liability Company				
001685298	BluBirdie, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
459420	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	e or Title of Contact Person	-		
Contact Name		Contact Title	Contact Title		
Scott Violette		Owner	Owner		
Street Address 5 Morning Rd		City Richmond	State	Zip 02892	

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

Scott Violette

Date

February 1, 2025

Signature of Authorized Person

MAIL TO:

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

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