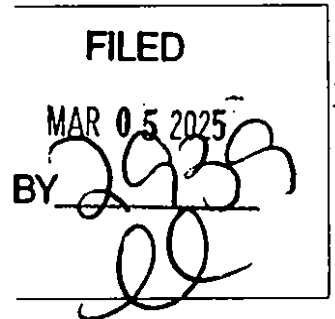




**State of Rhode Island**  
**Department of State - Business Services Division**

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<br>001746036                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>CLB Creative LLC                                                                                   |                    |              |
| 3. NAICS Code<br>711510                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>AUTHORIAL PURSUITS INCLUDING NOVELS, SHORT STORIES, COLLECTIONS, ETC. |                    |              |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                                                      |                    |              |
| 6. Principal Office Address<br>BRIGGETTE LANE                                                                                                                                                           |  | City<br>WESTERLY                                                                                                                                     | State<br>RI        | Zip<br>02891 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                      |                    |              |
| Contact Name<br>CHRISTA BEAUCHAMP                                                                                                                                                                       |  | Contact Title<br>MANAGER                                                                                                                             |                    |              |
| Street Address<br>14 BRIDGETTE LANE                                                                                                                                                                     |  | City<br>WESTERLY                                                                                                                                     | State<br>RI        | Zip<br>02891 |
| 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<br>CHRISTA BEACHAMP                                                                                                                                                           |  |                                                                                                                                                      | Date<br>02/06/2025 |              |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                                      |                    |              |

**MAIL TO:**

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