



State of Rhode Island
Department of State - Business Services Division

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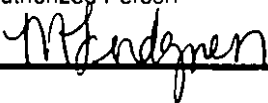
Annual Report for the year: 2025

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 001783321		2. Exact name of the Limited Liability Company Fawn & Cub Imagination, LLC	
3. NAICS Code 713990		4. Brief description of the character of business conducted in Rhode Island Operation of a play space.	
5. State of Formation RI			
6. Principal Office Address 687 Park Avenue		City Cranston	State RI
		Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Mali Rose Lindgren		Contact Title Member	
Street Address 52 Nancy Street, Unit 8		City PROVIDENCE	State RI
		Zip 02909	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. <i>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.</i>			
Name of Authorized Person Mali Rose Lindgren		Date 2/25/25	
Signature of Authorized Person 			

FILED

MAR 10 2025
BY 

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov