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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 Limited Liability Company		
001783321	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. ***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: Mali Rose Lindgren		Date: 2/25/25	
Signature of Authorized Person: MLindgren			

FILED
MAR 10 2025
BY 009 AA

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov