	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1		
refusing to file its annual	G.L. 7-16-66(d), each limited liability company failing or I report within thirty (30) days after the time prescribed by c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025		
1. ID No. <u>001720044</u>		
2. Exact Name of the Limited Liability Company <u>Tivica LLC</u>		
3. State of Formation		
State: <u>RI</u>		
	NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>445291</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
BAKED GOODS		
5. Principal Office Add	Iress	
No. and Street: 700 NA	ARRAGANSETT PARK DR STE 100	
City or Town: <u>PAWT</u>	<u>TUCKET</u> State: <u>RI</u> Zip: <u>028</u>	61 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contac		
	ARRAGANSETT PARK DR STE 100 UCKET State: <u>RI</u> Zip: 028	361Country: USA
	I RHODE ISLAND - DO NOT ALTER ing of Form 642 - R.I.G.L. 7-16-11	
NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVE SUITE 2 BARRINGTON , RI 02806		

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of March, 2025 at 2:47:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>NAT SMITH</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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