State of Rhode Island Fee: \$50.00 Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 1. 1. ID No. 001685007 2. Exact Name of the Limited Liability Company Top Notch Rentals LLC 3. 3. State of Formation State: RI State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes inerg. More information on NAICS can be found online. 5322299 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INFLATABLE RENTALS BOTH BOUNCE HOUSES AND WET/DRY SLIDES, TENTS, TABLES,
I48 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 1. ID No. 001685007 2. Exact Name of the Limited Liability Company Top Notch Rentals LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. 532299 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INFLATABLE RENTALS BOTH BOUNCE HOUSES AND WET/DRY SLIDES, TENTS,
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Island INFLATABLE RENTALS BOTH BOUNCE HOUSES AND WET/DRY SLIDES, TENTS,
CHAIRS, LIGHTING AND HEATER RENTALS.
5. Principal Office Address
No. and Street: <u>1 SAGE DRIVE</u>
City or Town:CRANSTONState: RIZip: 02921Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: <u>JASON D VLAUN</u> Contact Title:
No. and Street:1 SAGE DRCity or Town:CRANSTONState: RIZip: 02921Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JASON DANIEL VLAUN 1 SAGE DRIVE CRANSTON , RI 02921

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

Signed this 27 Day of March, 2025 at 4:02:47 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 JASON D. VLAUN

Signature of Authorized Person

Form No. 632 Revised 09/07

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