RI SOS Filing Number: 202570862600 Date: 4/22/2025 11:26:00 AM



## 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.

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| CO RIDO<br>SR 22 AM   | STAMP                                  |
| S 8SD<br>11:24:54     | FOR<br>SECRETARY OF STATE<br>USE O'NLY |

| Entity ID Number  | 2. Exact name of the Limited Liability Company                           |                |           |                      |  |  |
|---|--|----------------|-----------|----------------------|--|--|
| 001753160   | Second Cup Publishing, LLC   |                |           |                      |  |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                |           |                      |  |  |
| 511199  | Publish and distribute books   |                |           |                      |  |  |
| 5. State of Formation   | 1  |                |           |                      |  |  |
| RI  |  |                |           |                      |  |  |
| 6. Principal Office Address   |  | City           | State     | Zip                  |  |  |
| 2 Highland Rd   |  | Chepachet      | RI        | 02814                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                |           |                      |  |  |
| Contact Name Elizabeth Nicole Frank   |  | Contact Title  |           |                      |  |  |
| Street Address 2 Highland Rd  |  | City Chepachet | State RI  | <sup>Zip</sup> 02814 |  |  |
| 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   |  |                | Date      |                      |  |  |
| Elizabeth Nicole Frank  |  |                | 4/20/2025 |                      |  |  |
| Signature of Authorized Person<br>Elizabeth: Nicole Frank   |  |                |           |                      |  |  |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**