

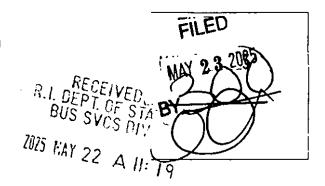
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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 Limite	2. Exact name of the Limited Liability Company			
001770180	Arrow Agency, LLC				
3. NAICS Code 54181 <i>0</i>	Brief description of the character of business conducted in Rhode Island Digital Marketing				
5. State of Formation					
6. Principal Office Address		City	State	Zip	
10 Tameo Ln.		Smithfield	RI	02917	
7. Mailing Address of Limite	ed Liability Company and Name or	r Title of Contact Person			
Contact Name Tonja Freitas		Contact Title Owner			
Street Address 10 Tameo Ln.		City Smithfield	State RI	^{Zip} 02917	
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is accu	rate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I hav tatements contained herein are		ding any accompany	ring schedules and	
Name of Authorized Person			Date		
Tonja Freitas			May 1, 2025		
Signature of Authorized Pe	Freitas				

MAIL TO:

Division of Business Services

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

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