



State of Rhode Island
Department of State - Business Services Division

STAMP

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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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2025 MAY 28 A 11:02

1. Entity ID Number 130935		2. Exact name of the Limited Liability Company FRUITY FRANCHISE LLC	
3. NAICS Code 445299		4. Brief description of the character of business conducted in Rhode Island FRUIT ARRANGEMENTS	
5. State of Formation RI			
6. Principal Office Address 92 STAGE COACH ROAD		City PORTSMOUTH	State RI
		Zip 02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name DEBORAH KOSTISIN		Contact Title MEMBER	
Street Address 92 STAGE COACH ROAD		City PORTSMOUTH	State RI
		Zip 02879	
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 DEBORAH KOSTISIN			Date May 14. 25
Signature of Authorized Person <i>Deborah Kostisin</i>			

FILED

MAY 28 2025

BY 6218

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MAIL TO:

Division of Business Services

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