

## State of Rhode Island Department of State - Business Services Division

25 JUL 2 PH2:02:30

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001693710	I know A Gey Too LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation	Landscopery: Grapety Managent			
6. Principal Office Address		City Prov	State	Zip
POBOX 402 47		You	RI	02940
7. Mailing Address of Limited Li	ability Company and Name or	Title of Contact Person		<u> </u>
Armani Delbicative		Contact Title  Owner		
Street Address PO Box 40247		City Prov.	State R.I.	2ip 02940
8. The Resident Agent informat	on currently of record with the	RI Department of State is ac	curate. Changes require	filing Form 642.
9. Under penalty of perjury, I statements, and that all state.	declare and affirm that I have ments contained herein are t	e examined this report, inci true and correct.	luding any accompany	ing schedules and
Name of Authorized Person  Avmeni Dellidice			Date #/2/25	
Signature of Authorized Person		_	• • • • • • • • • • • • • • • • • • • •	

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JUL 2 2025 BY M9AZE

MAIL TO:

**Division of Business Services** 

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

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