

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company Campy's Creations LLC 4. Brief description of the character of business conducted in Rhode Island sell of novelties			
000150331				
3. NAICS Code 44-45				
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
5280 Post Road		Charlestown	RI	02813
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	<u> </u>	
Contact Name Daniel Campagna		Contact Title MGR		
Sirnet Address Same		City	State	Zip
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accu	rate. Changes requ	ire filing Form 642.
	y, I declare and effirm that I have stements contained herein are (ling any accompan	ying schedules and
Name of Authorized Person			Date	
Daniel Campagna			7/3/2025	
Signature of Authorized Par	.0	3.0 %		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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