



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2025

- 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 JUL 16 P 12:21

1. Entity ID Number <u>001 730 482</u>		2. Exact name of the Limited Liability Company <u>Hobby Headquarters Cards LLC</u>	
3. NAICS Code <u>459510</u>		4. Brief description of the character of business conducted in Rhode Island <u>Collectible Card Dealer</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>560 Dry Bridge Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u> Zip <u>02852</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Michael Maccarone</u>		Contact Title <u>Owner</u>	
Street Address <u>560 Dry Bridge Rd</u>		City <u>North Kingstown</u>	State <u>RI</u> Zip <u>02852</u>
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 <u>X Michael Maccarone</u>		Date <u>X 7.11.25</u>	
Signature of Authorized Person <u>X [Signature]</u>			

FILED

JUL 16 2025



BY 8DF4D

MAIL TO:

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