







## **STATE OF MONTANA** SECRETARY OF STATE 2023 ANNUAL REPORT

FILING FEE: \$20.00 prior to April 15 FILING FEE: \$35.00 after April 15

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## -FILED-

SECRETARY OF STATE

File Number: 15547862 Date Filed: 2/9/2023 1:18:34 PM

Business Type Business Type			Dom	estic Profit Corporation		
Business Sub-Type			General For Profit Corporation			
Business Name				·		
Annual Report Year			2023			
Name of Business Entity			LION'S DEN, INC.			
Montana File Number			D062898			
Country of Organization				United States		
State of Organization			Mont	ana		
Business Purpose			ANY	LAWFUL BUSINESS		
Shares						
Share Type	Series	Shares Authorized		Shares Issued	Share Par Value	
Common		50000		50000	0.0000	
Business Mailing Address of F	Principal Office					
Address			3623 Quimet Circle			
			Billings, MT 59106			
Business Physical Address of	Principal Office					
Address			1411 Chy Way			
			Billings, MT 59106			
The registered agent on recor	d is:					
Registered Agent TERRA PIERCE						
			Non-Commercial Registered Agent			
			Agent Number			
			RA00025291			
			Email Address			
			t.pierce@Bresnan.net			
			Webs			
			-	cal Address  QUIMET CIRCLE		
				INGS, MT 59106		
				g Address		
				QUIMET CIRCLE INGS, MT 59106		

Officers

Directors

Full Name

TERRA PIERCE

Full Name Business Mailing Address	Position	Email Address
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**Business Mailing Address** 

**3623 QUIMET** 

BILLINGS, MT 59106

**Email Address** 

Position

Director



TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	President	
TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	Treasurer	
TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	Vice-president	
TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	Secretary	T.PIERCE@BRESNAN.NET

	TERRATIERCE	BILLINGS, MT 59106	Georetary	I.I ILIKOL@BIKLONAN.NET					
		•		-					
De	eclarations								
	I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.								
	I have been authorized by the business entity to file this document online.								
	I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.								
Si	gnature								
Self		terra	pierce	02/09/2023					
Si	igner's Capacity	Sign I	Here	Date					
Position			President						
	aytime Contact								
Phone Number		(406) 591-2	(406) 591-2151						
Email		T.PIERCE@	T.PIERCE@BRESNAN.NET						