



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 STAFF

2019 MAY -3 PH 1:02

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1675716		2. Exact name of the Limited Liability Company U'NIQUE DIVERSITY LLC	
3. NAICS Code 624310		4. Brief description of the character of business conducted in Rhode Island Youth Empowerment organization that provides at youth; resume, career Building, college, search. U'NIQUE Diversity Decor, provides events decor U'NIQUE DIVERSITY INC. Security Team. UNIQUE Diversity private advocates in Domestic Violence and Housing	
5. State of Formation RI			
6. Principal Office Address 23 Warren St.		City Providence	State RI
		Zip 02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Shanee Vega		Contact Title CEO/owner	
Street Address 23 Warren Street		City Providence	State RI
		Zip 02907	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Shanee Vega		Manager Name ElaiSha Vega-Ogiba	
Street Address 23 Warren St.		Street Address 23 Warren Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Manager Name Braulio Sanchez		Manager Name	
Street Address 170 Benedict Street		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Shanee Vega		Date 5/3/2019	
Signature of Authorized Person			

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

MAY 03 2019

BY **[Signature]**