



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

[LOGOUT](#)

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1



Help with this form

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 08/09

1. ID No. 000131373

2. Exact Name of the Limited Liability Company CHARMED, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RETAIL CHARMS, JEWELRY AND SUPPLIES

5. Principal Office Address

No. and Street: 175 MAIN STREET

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Florence Baiocchi Contact Title: Co-Owner

No. and Street: 175 MAIN STREET

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

FILED

OCT 07 2009

By 36/2

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:
Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FLORENCE BAIOCCHI 175 MAIN STREET EAST GREENWICH , RI 02818-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Florence Baiocchi

Business Name: Charmed, LLC

No. and Street: 175 Main St

- Same Address as -

City or Town: EGreenwich

State: RI Zip: 02818 Country: USA

Contact Phone: 3980992 ext:

Contact Email: sales@italianbraceletcharms.com

Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 16 Day of September, 2009 at 11:26:18 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By

Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☐ Accept

☐ Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

FILED

OCT 07 2009

By 13/3/3