



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000791501		2. Exact name of the limited liability company TIFFANY MEDRANO.PHOTOGRAPHY, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island PHOTOGRAPHY STUDIO			
5. Principal office address 103 ADELAIDE AVE		City NORTH PROVIDENCE		State RI	Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TIFFANY MEDRANO		Contact Title			
Street Address 103 ADELAIDE AVE		City NORTH PROVIDENCE		State RI	Zip 02911
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	State
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

APR 11 2014

BY 2058

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Tiffany Medrano 4/9/14
 Signature of Authorized Person Date

TIFFANY MEDRANO

Print or Type Name of Authorized Person