

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 2015

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.

Entity ID No.		me of the limited liab				
795590	Lotus Li	Lotus Life Enterprises, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RI	Inspirati	onal T-Shirt line	for women			
5. Principal office address 152 George Arden Avenue			City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	A Company of the Comp	
Contact Name Shannon Caldwell-Roche			Contact Title Owner			
Street Address 152 George Arden Avenue			City Warwick	State RI	Zip 02886	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8, RESIDENT AGENT IN R	HODE ISLAND	Secretary Annual Control of the Cont	The state of the s			
This information is currer	itly of record in th	e Office of the Secr	retary of State. Changes require	filing Form 642.		

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FOR SI	CRETARY OF STATE USE ONLY	×

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Shannon Caldwell-Roche

Print or Type Name of Authorized Person