



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. 000509214		2. Exact name of the limited liability company Maria's Boutique LLC.			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island clothing and Jewelry sale			
5. Principal office address 757 Broad ST		City Central Falls	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Maria A Sicaju		Contact Title 757 Broad ST C			
Street Address 1393 Mendon Road Cranston		City Central Falls	State RI	Zip 02863	
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	City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City	State	City	State	Zip	
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.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JAN 29 PM 12:26

FILED

JAN 29 2016

By 266483
 A.A. 12:28 p.m.

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.

Maria A Sicaju 4-23-13
 Signature of Authorized Person Date

MARIA SICAJU
 Print or Type Name of Authorized Person

File Date _____
 Check No _____
 By _____
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