State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016 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 000790726	2. Exact name of the Limited Liability Company PROVIDENCE PERFUME CO., LLC					
3. NAICS Code 44-45 - Retail Trade 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island RETAIL PERFUME STORE					
RI						
6. Principal Office Address 301 WICKENDEN STREET	•		City PROVIDENCE	State RI	Zip 02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name CHARNA ETHIER			Contact Title MEMBER			
Street Address 16 KIMBALL STREET			City PROVIDENCE	State RI	^{Zip} 02908	
8. List ALL managers (names ar	nd addresses) o	f the Limited Liabil	lity Company, IF APPLICABLE -	DO NOT LIST M	EMBERS	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>	CI	neck the box to inc	dicate an attachment	
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 Date						
CHARNA ETHIER, MEMBER 9/15/16						
Signature of Authorized Person						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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