State of Rhode Island and Providence Plantations Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Imited Liability Company Annual Report         Imited Liability Company Annual Report         Imited Liability Company Annual Report         Imited 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: 18-66(0&0) its subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. In DNo. 001335993         2. Exact Name of the Limited Liability Company LISA ROSSONI PHOTOGRAPHY LLCC         3. State of Formation State: RI         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         All references         No. and Street: 28 WILL CROFT City or Town: CUMBERLAND         State: RI zip: 02864 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: LISA ROSSONI Contact Title: No. and Street: DO BOX 7644         CUMBERLAND         Country: USA         7. N	(J)	Office o	of the Secreta		tions Fee: \$			
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.I. 7-16-66(dt), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.I. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2016         1. ID No.       001335993         2. Exact Name of the Limited Liability Company LISA ROSSONI PHOTOGRAPHY LLC         3. State of Formation         State: RI         MICE Code         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         ARTICLE III         USA OUTLIST MEMBERS         No. and Street: 28 WILL CROFT         Contact Name: USA ROSSONI		Divis	·					
Limited Liability Company Annual Report Filing Feriod: September 1 - November 1 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: 2016 1. ID No. 001335993 2. Exact Name of the Limited Liability Company LISA ROSSONI PHOTOGRAPHY LLC 3. State of Formation State: Ri Using the following NAICS codes, please select the code that best describes your business. NAICS Code <u>81</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island PHOTOGRAPHY 5. Principal Office Address No. and Street: <u>28 WILL CROFT</u> City or Town: <u>CUMBERLAND</u> State: RI Zip: 02864 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>IISA ROSSONI</u> Contact Title: No. and Street: <u>PO BOX 7644</u> City or Town: <u>CUMBERLAND</u> State: RI Zip: 02832 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			148 W. River St vidence RI 0290	treet )4-2615				
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7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	No. and Street: PC	<u>) BOX 7644</u>		7. 00000				
DO NOT LIST MEMBERS	City or Town: <u>CL</u>		State: <u>RI</u>	Zip: <u>02832</u>	Country: <u>USA</u>			
Title Individual Name Address		-	he Limited Liab	ility Company, if <i>I</i>	Applicable.			
			Name		Address			
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country	Title	Individual	Name					

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LISA ROSSONI 28 WILL CROFT CUMBERLAND, RI 02864

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

**Signed this 25 Day of October, 2016 at 12:32:33 PM 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 <u>LISA ROSSONI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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