



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 138870		2. Exact name of the Corporation Lilie Makeup Artistry, Ltd.			
3. Principal Office Address 100 Beechwood Drive			City Cranston	State RI	Zip 02920
4. NAICS Code 81 - Other Services (except)		6. Brief description of the character of business conducted in Rhode Island Beauty industry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa Weinberg			Vice-President Name Lisa Weinberg		
Street Address 100 Beechwood Drive			Street Address 100 Beechwood Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Lisa Weinberg			Treasurer Name Lisa Weinberg		
Street Address 100 Beechwood Drive			Street Address 100 Beechwood Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa Weinberg			Director Name		
Street Address 100 Beechwood Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	no par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Lisa Weinberg					Date 2/21/17
Signature of Authorized Representative SIGN DOCUMENT HERE					FILED
					FEB 23 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY
 FORM 630 - Revised: 10/2016