



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
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.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: 2017

1. ID No. 000793685

2. Exact Name of the Limited Liability Company UNICORN INK, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

793685

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE ARE A PIERCING AND TATTOO PARLOR LOCATED ON MINERAL SPRING AVE. IN
NORTH
PROVIDENCE, RI

5. Principal Office Address

No. and Street: 1601 MINERAL SPRING AVE.
UNIT C

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: UNICORN INK Contact Title:
No. and Street: 1601 MINERAL SPRING AVE.
UNIT C

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	GREGORY ARPIN	24 EDGEWORTH AVE. PROVIDENCE, RI 02094 USA
MANAGER	DAVID ASGARIAN	24 EDGEWORTH AVE NORTH PROVIDENCE, RI 02904 UNI
MANAGER	DAVID ASGARIAN	1601 MINERAL SPRING AVE NORTH PROVIDENCE, RI 02904

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DAVID ASGARIAN 1601 MINERAL SPRING AVENUE, UNIT C NORTH PROVIDENCE , RI 02904

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

Signed this 26 Day of September, 2017 at 11:40:09 AM 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 DAVID ASGARIAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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