



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

Annual Report for the year: **2017**

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.

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BUS SVCS DIV
2017 OCT - 6 PM 2:15

1. Entity ID Number 1658770		2. Exact name of the Limited Liability Company Ali Jean Michael, LLC	
3. NAICS Code 541613		4. Brief description of the character of business conducted in Rhode Island Consultant/ Sales in Fashion Accessories	
5. State of Formation Rhode Island			
6. Principal Office Address 400 Scituate Avenue #11		City Cranston	State RI
		Zip 02921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael E. Acciardo		Contact Title Member	
Street Address 400 Scituate Avenue #11		City Cranston	State RI
		Zip 02921	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
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 Michael E. Acciardo, Member		Date 10-1-17	
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

OCT 06 2017

By

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