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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

Annual Report for the year: 2018 \_\_\_\_\_\_\_
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.

Office (CONTROLL)	
40 to 4 to 15	

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
001677001	TONI MAI	TONI MARIE, LLC					
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
812199	CONSULT	CONSULTING					
5. State of Formation							
RI	<u> </u>		l o'i	Louis			
6. Principal Office Address			City	State	Zip		
C/O LIPORACE, 21 WEST 9TH ST. APT. 4			NEW YORK	NY	10011		
7. Mailing Address of Limite	ed Liability Compa	iny and Name o	r Title of Contact Person				
Contact Name			Contact Title				
TONI MARIE CARUOLO			OWNER				
Street Address 21 WEST 9TH ST. APT. 4			City NEW YORK	State NY	<b>Zip</b>   10011		
<u> </u>		s) of the Limited	Liability Company, IF APPLIC	CABLE - DO NOT LIST			
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
\	I			Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island. This inform	nation is currently	of record with the Department of	State. Changes require fi	ling Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, inclu- true and correct.	ding any accompany	ing schedules and		
Name of Authorized Person				Date			
TONI MARIE CARUOLO				9/20/18			
Signature of Authorized Pe	rson	_		7	/		
1 March	M.Chu						
C STARK		u-					

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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