

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 JUN -3 AH 9: 52

Annual Report for the year: _20/8

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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
00166367	Empyreal Inc. LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
812990	Tattoo Shop & Art Gallery				
5. State of Formation					
Rí		_			
6. Principal Office Address			City	State	Zip
31 Exchange St.			Pawtucket	<u> </u> Ri	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mike Johnston			City Pawterdad State R1 Zip 02860		
Street Address 31 Exchange ST			city fawter chief	State	Zip 02860
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment					
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				Date	
Mike Johnston				6.3.14	
Signature of Authorized Person					
Chy m					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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