State of Rhode Island and Providence Plantations Office of the Secretary of State       Fee:         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040       Fee:         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. 7-16-100)	: \$50.00
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	
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	
(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	
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	
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	
16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2018	
<b>1. ID No.</b> <u>000611940</u>	
2. Exact Name of the Limited Liability Company GO 2 GIRL RI LLC	
3. State of Formation	
State: <u>RI</u>	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Down the list of codes here. More information on <u>NAICS</u> can be found online.	lload
<u>812990</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Isla	nd
FULL SERVICE CONCIERGE	
5. Principal Office Address	
No. and Street: PO BOX 3719	
No. and Greet. $\underline{IOBOX 5715}$ City or Town: $\underline{CRANSTON}$ State: $\underline{RI}$ Zip: $\underline{02910}$ Country: $\underline{USA}$	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street:PO BOX 3719City or Town:CRANSTONState: RIZip: 02910Country: USA	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Title Individual Name Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Court	ntry
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## LISA FRANCIS 23 ONEIDA STREET CRANSTON, RI 02920

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

**Signed this 6 Day of July, 2019 at 9:13:00 PM 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 LISA FRANCIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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