S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
UPP COPPE			
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: 2019			
1. ID No. <u>001657650</u>			
2. Exact Name of the Limited Liability Company <u>UNIVERSE LETTERS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>315990</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
I AM SELLING INSPIRATIONAL JEWELRY AND PRODUCTS.			
5. Principal Office Address			
No. and Street: 711 ACADEMY AVENUE			
No. and Street. $\underline{711 \text{ ACADEMIT AVENCE}}$ City or Town: $\underline{PROVIDENCE}$ State: $\underline{RI}$ Zip: $\underline{02908}$ Country: $\underline{USA}$			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>711 ACADEMY AVE.</u>			
City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02908</u> Country: <u>USA</u>			
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 Co	ode, Country
MANAGER	ANGIE SARHAN SALVATORE	711 ACADEMY AV PROVIDENCE, RI 02908 U	

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

ANGIE SARHAN 711 ACADEMY AVENUE PROVIDENCE, RI 02908

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

**Signed this 14 Day of September, 2019 at 9:39:21 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 ANGIE SALVATORE

Signature of Authorized Person

Form No. 632 Revised 09/07

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