|   | State of Rhode<br>Office of the Secreta                       |                      | Fee: \$50.00                |
|---|---|----------------------|-----------------------------|
|   | Division Of Business<br>148 W. River St<br>Providence RI 0290 | treet                |                             |
| HOPE  | (401) 222-304   |                      |                             |
| Limited Liability Company<br>Annual Report<br>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: 2020  |   |                      |                             |
| <b>1. ID No.</b> <u>001704204</u>   |   |                      |                             |
| 2. Exact Name of the Limited Liability Company <u>Cutie Curls 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>453220</u>   |   |                      |                             |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |   |                      |                             |
| I OPERATE A CHRISTMAS STORE AND ALSO SELL MY OWN ARTWORK.   |   |                      |                             |
| 5. Principal Office Addres  | SS  |                      |                             |
|   | 52 MAIN RDVERTONState: RI                                     | Zip: <u>02878</u>    | Country: <u>USA</u>         |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |   |                      |                             |
| Contact Name: INDIA KENYON Contact Title: OWNER   No. and Street: 22 HIGHLAND AVE   City or Town: LITTLE COMPTON State: RI zip: 02837 Country: USA  |   |                      |                             |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS   |   |                      |                             |
| Title   | Individual Name   |                      | ddress                      |
| L   | First, Middle, Last, Suffix                                   | Address, City or Tow | n, State, Zip Code, Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  |   |                      |                             |

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

INDIA KENYON 3952 MAIN ROAD TIVERTON, RI 02878

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

**Signed this 23 Day of September, 2020 at 1:20:35 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 <u>INDIA KENYON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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