

State of Rhode Island

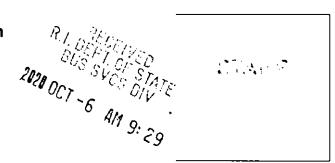
Department of State - Business Services Division

Annual Report for the year: 2019 **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.



1. Entity ID Number 1663216		2. Exact name of the Limited Liability Company LuLaRoe with Nicole				
3. NAICS Code 454390		Brief description of the character of business conducted in Rhode Island Selling Clothing				
5. State of Formation RI						
6. Principal Office Address	* .		City	State	Zip	
150 Budlong Road #21			Cranston	RI	02920	
7. Mailing Address of Limite		ny and Name o	r Title of Contact Person		Ļ	
Contact Name Nicole Capuano			Contact Title Sole Member			
Street Address 150 Budlong Road #21			City Cranston	State RI	^{Zip} 02910	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - 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 i	indicate an attachment	
9. The Resident Agent infor	mation currently	of record with the	e RI Department of State is acc			
Under penalty of perjury, statements, and that all s	i declare and aff tatements conta	irm that I have ined herein are	examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person	1	<u> </u>		Date		
Nicole Capuano				10,	11/2020	
Signature of Authorized Per	cap resi	<u>`</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**

OCT 06 2020

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