

Annual Report for the year: 2020
Limited Liability Company

FILED

OCT 2 8 2020

→ 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  | 2. Exact name of the Limited Liability Company                              |     |                      |       |              |
|--|---|-----|----------------------|-------|--------------|
| 001689874  | LKA-TAL' JEWELRY, LLC   |     |                      |       |              |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |     |                      |       |              |
| 448310   | E-Commerce - Selling fashion jewelry on line                                |     |                      |       |              |
| 5. State of Formation  | 11.7) (2.5) (1.2)   |     |                      |       |              |
| RI   |   |     |                      |       |              |
| 6. Principal Office Address  |   |     | City                 | State | Zip          |
| 4430 PostKd (E59)  |   |     | Eastbroomwich        | RI    | SK CO        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |     |                      |       |              |
| Contact Name Golleen Shea  |   |     | Contact Title        |       |              |
| Street Address 4430 Pat Rd (E59)   |   |     | City Footh recention | State | Zip<br>ODE/G |
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. 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   |   |     |                      |       |              |
| Colleen Stea Uct. 23, 2020   |   |     |                      |       |              |
| Signature of Authorized Person Collegn Shop  |   |     |                      |       |              |

## MAIL TO:

**Division of Business Services** 

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

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