



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**STAMP**

NOV 05 2020

2023

Annual Report for the year: 2020  
**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<br>000790726  | 2. Exact name of the Limited Liability Company<br>PROVIDENCE PERFUME COMPANY, LLC                   |                         |                          |
| 3. NAICS Code<br>446120   | 4. Brief description of the character of business conducted in Rhode Island<br>RETAIL PERFUME STORE |                         |                          |
| 5. State of Formation<br>RI   |   |                         |                          |
| 6. Principal Office Address<br>13 SOUTH ANGELL STREET   | City<br>PROVIDENCE  | State<br>RI             | Zip<br>02906             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                         |                          |
| Contact Name<br>CHARNA ETHIER   |   | Contact Title<br>MEMBER |                          |
| Street Address<br>16 KIMBALL STREET   |   | City<br>PROVIDENCE      | State<br>RI Zip<br>02908 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |   |                         |                          |
| Manager Name<br>N/A   |   | Manager Name<br>N/A     |                          |
| Street Address  |   | Street Address          |                          |
| City  | State   | Zip                     | City State Zip           |
| Manager Name<br>N/A   |   | Manager Name<br>N/A     |                          |
| Street Address  |   | Street Address          |                          |
| City  | State   | Zip                     | City State Zip           |
| Check the box to indicate an attachment <input type="checkbox"/>  |   |                         |                          |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |                         |                          |
| <i>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.</i> |   |                         |                          |
| Name of Authorized Person<br>CHARNA ETHIER  |   |                         | Date<br>10/28/20         |
| Signature of Authorized Person<br>  |   |                         |                          |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov