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

Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

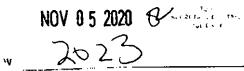
→ Filing period: September 1 - November 1

→ Filing Fee: \$50,00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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STAMP



1. Entity ID Number	l l	2. Exact name of the Limited Liability Company PROVIDENCE PERFUME COMPANY, LLC						
000790726	PROVIDE							
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
446120	RETAIL P	RETAIL PERFUME STORE						
5. State of Formation								
RI								
6. Principal Office Address	 5		City	State	Zip			
13 SOUTH ANGELL STR	EET		PROVIDENCE	RI	02906			
7. Mailing Address of Limit	ted Liability Compa	any and Name o	Title of Contact Person					
Contact Name CHARNA ETHIER		Contact Title MEMBER	Contact Title MEMBER					
Street Address 16 KIMBALL STREET			Crty PROVIDENCE	State RI	^{Zip} 02908			
	mes and addresse	s) of the Limited	Liability Company, IF APPLICABL	.E - DO NOT LIST	MEMBERS			
Manager Name N/A			Manager Name N/A	Manager Name N/A				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name N/A			Manager Name N/A	Manager Name N/A				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
	<u> </u>			Check the box to	indicate an attachment			
9. The Resident Agent info	ormation currently	of record with the	e RI Department of State is accura	ate. Changes requi	re filing Form 642.			
Under penalty of perjury statements, and that all			examined this report, including true and correct.	any accompanyi	ng schedules and			
Name of Authorized Person				Date				
CHARNA ETHIER				10/28/20				
Signature of Authorized Po	erson	•						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov