

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.

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2020 DEC 23 P 3: 11

			<u> </u>			
Entity ID Number	2. Exact name of the Limited Liability Company					
153337	LOLA LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
448120	Women's Clothing boutigue					
5. State of Formation			<i>J</i>			
RE						
6. Principal Office Address			City	State	Zip	
XX	main 3		Prvicence	RI	02903	
7. Mailing Address of Limited Li	ability Company a	nd Name or Title	of Contact Person			
Contact Name Rachel WillS			Contact Title Nember / Winer			
Street Address 120 North	MAIN "	51	city Prvicence	State	zip 02403	
8. List ALL managers (names a	nd addresses) of t	the Limited Liab	ility Company, IF APPLICABLE -	DO NOT LIST M	EMBERS	
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	
	<u> </u>	<u></u>	Ch	 eck the box to in		
9. The Resident Agent informati	on currently of rec	ord with the RI [Department of State is accurate. (Changes require	filing Form 642.	
	clare and affirm t	hat I have exan	nined this report, including any			
Name of Authorized Person				Date		
Kachel Wills				20 Dec 2020		
Signature of Authorized Person						
Wack						
-						

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**

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7 FORM 32 Revised: 08/2020