



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 DEC 23 P 3:11

Annual Report for the year: 2017
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 <u>153332</u>		2. Exact name of the Limited Liability Company <u>COLA, LLC</u>	
3. NAICS Code <u>448120</u>		4. Brief description of the character of business conducted in Rhode Island <u>Womens clothing boutique</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>120 North Main St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Rachel Willis</u>		Contact Title <u>Member/owner</u>	
Street Address <u>120 North Main St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>N/A</u>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
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 exhibits and statements, and that all information contained herein is true and correct.			
Name of Authorized Person <u>Rachel Willis</u>		Date <u>20 Dec 2020</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3540
Website: www.sos.ri.gov

FILED

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A.A. 3:12 pm