State of Rhode Island

Department of State - Business Services Division R.I. DEPT. OF STATE BUS SVCS DIV

Annual Report for the year:

2021 JAN 20 PM 1:51

**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	2 Evact nan	ne of the Limited	Liability Company		-	
1		2. Exact name of the Limited Liability Company				
001675359	TRUE IMAGE PHOTOGRAPHY LL					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1541921	Photography - No Business Conducted					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
350 Webster St	reet		Gramsten	RZ	02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			Contact Title	Contact Title		
Haron J. Ferro			Owner			
Street Address  Sto Webster Street			Cranston	State	os ano	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Magager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	<del>-</del> <del></del>	<del>-</del>	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	Date	
Agron J. Ferro				1.17.	1.17.2021	
Signature of Authorized Person						
Anna	<u>L</u>	<del></del>				

MAIL TO:

**Division of Business Services** 

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

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