



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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 BUS SVCS DIV

2021 MAY 10 P 12:37

1. Entity ID Number 1674409		2. Exact name of the Limited Liability Company Pablo & Samantha Photography LLC			
3. NAICS Code 541921		4. Brief description of the character of business conducted in Rhode Island Photography services for events			
5. State of Formation RI					
6. Principal Office Address 463 Chalkstone ave.			City Providence	State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Samantha Gonzalez			Contact Title Owner		
Street Address 463 Chalkstone ave.			City Providence	State RI	Zip 02904
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
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.					
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 Samantha Gonzalez				Date 5-10-2021	
Signature of Authorized Person 					

FILED

MAY 10 2021

BY CA5VIL
 A.A. 12:38 PM.

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