RI SOS Filing Number: 202197221200 Date: 5/26/2021 1:27:00 PM

Department of State - Business Services Division

Filing Peer 300.00  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if form is not filed by April 1.  Penalty Additional \$25.00 fee if filed by April 1.  Penalty Additional \$25.00 fee if filed by April 1.  Penalty Additional \$25.00 fee if filed by April 1.  Penalty Additional Additional filed.  Penalty Additional Additi	Annual Report for the ye Corporation	RECEIVED R.I. DEPT. OF STATE						
→ Filing Fee. \$50.00  → Penalty Additional \$25.00 fee if form is not filed by April 1.  1 Entity ID Number  □ O 0 16 7 47 49  □ LU C 1 A AGUI AR BRIDE   NC.  3 Principal Office Address  □ Scale of Incorporation  RADD   State   Long Post Road    □ State of Incorporation  RHOE   SUND    RHOE   SUND    State of Incorporation  RHOE   SUND    RHOE   SUND    State of Incorporation  RHOE   SUND    State of Incorporation  RHOE   SUND    Solde of Incorporation  Solde of Inco	•	BUS SYCS DIV						
Tently ID Number  OOLD 74749  Lucia Aguiar Bride  Services (inspection)  A Principal Office Address  Slove Address  State OF WEDDING Ground Interpretation  Shall offices (inspection)  Shall offices (inspection)  Women's Formatiwe Address  State OF WEDDING Ground Interpretation  Women's Formatiwe Address  State OF WEDDING Ground Interpretation  Women's Formatiwe Address  Street Ad	•	1001 HAY 26 PM 1: 25						
3. Principal Office Address  SOOD POST ROAD  EAST CREENWICH RD RD 2818  4. NAICS Code  4. HB 190  5. State of Incorporation  KHODE I SUAND  FORMAWEAR  T. List ALL Offices (names and addresses)  Vice. Presider Name  Presiders Name  T. List ALL Offices (names and addresses)  Fresch Address  Crey  Street Address  Street				ZUZIMAT ZO	111111			
3 Principal Office Address  SOO POST ROAD  EAST CREENWICH RI O2818  4 NAICS Code 4 H8 190  5 State CF WEDDING COCCURS A NO  5 State OF WEDDING COCCURS A NO  7 List ALL Offices (names and addresses)  8 Street Address 9 Street Address 8 Street Address 9 State 10 State 10 State 10 Shares Issued 11 Shares Issued 11 Shares Issued 12 State 12 State 14 State 15 State 16 State 17 State 18 State 19 State 10 Shares Issued 10 Shares Issued 10 Shares Issued 11 Shares Insued Check the box to indicate an attachment Share Address 11 Shares Insued Check the box to indicate an attachment Share Address 11 Shares Insued Check the box to indicate an attachment Share Address 19 Shares Authorized 11 Shares Insued Check the box to indicate an attachment Share Address 10 Shares Insued Check the box to indicate an attachment Share Address 10 Shares Insued Check the box to indicate an attachment Share Address 10 Shares Insued Check the box to indicate an attachment Share Address 11 Shares Insued Check the box to indicate an attachment Share Address 12 Shares Address 13 Shares Shares Shares Shares Shares Shares Shares Shares Shares Sh	1. Entity ID Number	2. Exact name o	f the Corporation					
Size   Address   State   Zo   Cay   State   Zo   Check the box to indicate an attachment   Director Name   Director Name   Street Address		Luci	A AGUI	AR BRI	DE INC	,		
A. NAICS Code 44990 5. State of incorporation RHODE I SUAND 7. List ALL differs (names and addresses) WOMEN'S FORMALWEAR 7. List ALL officers (names and addresses) Resident June WOMEN'S FORMALWEAR 7. List ALL differs (names and addresses) Resident June WOMEN'S FORMALWEAR 7. List ALL differs (names and addresses) Resident June WOOD MONT CACLE Street Actives Street Actives WACLUN G1E Street Address Street Addr	_			City		State	4 '	0.0
State of Incorporation  WOMEN'S FORMALWEAR  7. List ALL officers (names and addresses)  Plasted byte officers (names and addresses)  Check the box to indicate an attachment of the composition by the receiver of trustee.  Size of Address  City	· - · · · ·	•				1 * .	028	818
State of Incorporation    Check the box to indicate an attachment   Chec					_			
RHODE   SLAND   WOMEN'S FORMALWERK  7. List All. Officers (names and addresses)   Check the box to indicate an attachment   President byte   P	440190	SALE OF WEDDING GOWNS AND						
7. List ALL Officers (names and addresses)  7. List ALL Officers (names and addresses)  7. List ALL Officers (names and addresses)  8. Street Address  9. Street Addr	I A	WOOMENIC ENDMIN WEAD						
President Name  Street Address	KHOOE ISLAND	Wome	N'S FUR	MITCHE	7/			
Street Address  City Macum of E State  City State  Cit			he box to indicat	le an attachm	nent 🗆			
City MACLIN CITE State PA 18 062 City TTTLE COMPTON State Zip C 28 3 7  Secretary Name Treasurer Name  Street Address  City State Zip City State Zip Check the box to indicate an attachment Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Director Name  Street Address Street Address  City State Zip City St	CLANDELL KI	LUCIA HOULAR						
Secretary Name  Treasurer Name  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Director Name  Director Name  Street Address  Street Address  City  State  Zip  Check the box to indicate an attachment I in the land of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Name of Authorized Representative  RANDELL RIMBERG  Signature of Authorized Representative  MAIL TO:  Division of Business Services  MAY 2 § 2021	6111 WOOD	53 WEST MAIN POAD						
Street Address  City State  Zp City State  Zp City State  Zp City State  Zp City State  City State  City State  City State  Zp	City MACHNG/F.	State	18062	City	COMPTON	State 2	2ip 28	<b>3</b> スフ
State   Zip   City   State   Zip   City   State   Zip    B. List ALL directors (names and addresses)   Check the box to indicate an attachment    Director Name   Director Name    Street Address   Street Address    City   State   Zip   City   State   Zip    Director Name   Director Name    Street Address   Street Address    City   State   Zip   City   State   Zip    9. Shares Authorized   Street Address    City   State   Zip   City   State   Zip    9. Shares Authorized   This information is currently of record in the Department of State.    Changes require an additional filling.   N/A   N/A    11. This report must be executed on behalf of the corporation by an authorized representative   If the corporation is in the hands of a receiver or trustee, the priority, 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 Representative   Date    ANDELL RIMBERG    Signature of Authorized Representative    MAIL TO: Division of Business Services    MAY 26 2021		1 7 7 7	17 0 0 0 0	Treasurer Name		1 / - 1	1000	
State   Zip   City   State   Zip   City   State   Zip    B. List ALL directors (names and addresses)   Check the box to indicate an attachment    Director Name   Director Name    Street Address   Street Address    City   State   Zip   City   State   Zip    Director Name   Director Name    Street Address   Street Address    City   State   Zip   City   State   Zip    9. Shares Authorized   Street Address    City   State   Zip   City   State   Zip    9. Shares Authorized   This information is currently of record in the Department of State.    Changes require an additional filling.   N/A   N/A    11. This report must be executed on behalf of the corporation by an authorized representative   If the corporation is in the hands of a receiver or trustee, the priority, 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 Representative   Date    ANDELL RIMBERG    Signature of Authorized Representative    MAIL TO: Division of Business Services    MAY 26 2021	Street Address	Street Address						
8 List ALL directors (names and addresses)  Director Name    Director Name	- Career Notices							
Director Name  Street Address  City  State  Zip  City  State  Director Name  Director Name  Director Name  Street Address  Str	City	State	Zφ	City		State	Zip	
Street Address  City State  Zip City State  Zip  Director Name  Director Name  Street Address  Stroet Address  City State  Zip City State  Zip City State  Zip  City State  Zip  City State  Zip  City State  Zip  Ocheck the box to indicate an attachment NUMBER Of SHAPES  CLASSISERIES  PAR VALUE  Department of State.  Changes require an additional filing.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee.  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 Representative  ANNELL RIMBERG  Signature of Authorized Representative  MAIL TO:  MAIL TO:  Division of Business Services  148 W River Street, Providence. Rhode Island 02904-2615  MAY 26 2021	8. List ALL directors (names and a	Check the box to indicate an attachment						
City   State   Zip   City   State   Zip    Director Name   Director Name    Street Address   Street Address    City   State   Zip   City   State   Zip    9. Shares Authorized   10. Shares Issued   Check the box to indicate an attachment    This information is currently of record in the   Number of Shares    Department of State.   O O   N A    Changes require an additional filling.    11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.    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 Representative   Date    ANDELL RIMBERG    Signature of Authorized Representative   Date    MAIL TO:   Division of Business Services    148 W River Street, Providence, Rhode Island 02904-2615   MAY 2 § 2021	Director Name	Director Name						
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Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Otheck the box to indicate an attachment  Interpretation is currently of record in the Department of State.  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Check the box to indicate an attachment  NAM LICE  Division of Business Services  148 W River Street, Providence, Rhode Island 02904-2515  Street Address  15. Licy  State  Zip  City  State  Zip  Check the box to indicate an attachment  NuwBER Of Shakes  CLASS/SERIES  PAR VALUE  DIVISION OF States  PAR VALUE  DIVISION OF STATES  DIVISION OF STATES  DIVISION OF STATES  DIVISION OF STATES  State  Zip  DIVISION OF STATES  PAR VALUE  DIVISION OF STATES  PAR VALUE  DIVISION OF STATES  DIVISIO	City	State	Zıp	City		State	Zıp	
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MAIL TO: Division of Business Services 148 W River Street, Providence, Rhode Island 02904-2615  MAY 26 2021	Name of Authorized Representative Date / /							
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