



State of Rhode Island

Department of State - Business Services Division

F R

Annual Report for the year: **2021**

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.

OCT 27 2021

BY

1400
DS

1. Entity ID Number 001667621		2. Exact name of the Limited Liability Company CORAZON, LLC			
3. NAICS Code 454111		4. Brief description of the character of business conducted in Rhode Island Wholesale and retail sales of various products and will initially operate two websites and social media properties			
5. State of Formation Rhode Island					
6. Principal Office Address 20 Bachelier Street, Suite 2		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Richard Michael Wessels II			Contact Title Manager		
Street Address 20 Bachelier Street, Suite 2		City Newport		State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Richard Michael Wessels II			Manager Name		
Street Address 20 Bachelier Street, Suite 2			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Manager Name			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					
<i>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.</i>					
Name of Authorized Person Richard M. Wessels II				Date 9/28/2021	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov