State of Rhode Island and Providence Plantations
Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SVCS DIV
2021 NOV -8 PM 1:45

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
1658770	**Ali Jean Michael, LLC**		
3. NAICS Code: **541613**	4. Brief description of the character of business conducted in Rhode Island: **Consultant/ Sales in Fashion Accessories**		
5. State of Formation: **Rhode Island**			
6. Principal Office Address: **8 Arnold Avenue**	City: **Narragansett**	State: **RI**	Zip: **02882**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name: **Michael E. Acciardo**	Contact Title: **Member**		
Street Address: **8 Arnold Avenue**	City: **Narragansett**	State: **RI**	Zip: **02882**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name: **NONE**			Manager Name: **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name: **NONE**			Manager Name: **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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
Michael E. Acciardo, Member	11/1/2021

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

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FORM 632 - Revised: 08/2017