



State of Rhode Island

Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number <u>000769033</u>		2. Exact name of the Limited Liability Company <u>Listening Goddesses, LLC</u>	
3. NAICS Code <u>812990</u>		4. Brief description of the character of business conducted in Rhode Island <u>spray tanning services/salon</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>622 Killingly Street, Suite C</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Cassandra Rochefort</u>		Contact Title <u>Owner</u>	
Street Address <u>622 Killingly Street, Suite C</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Cassandra Rochefort</u>		Manager Name	
Street Address <u>543 Wansocket Hill Road</u>		Street Address	
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02890</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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 <u>Cassandra Rochefort</u>		Date <u>12/1/2021</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

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