



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001712570

**2. Exact Name of the Limited Liability Company** Courtney Cohen Photography, LLC.

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541921

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WEDDING AND PORTRAIT PHOTOGRAPHY. I CHARGE FOR THE ACTUAL SESSION (NO PHYSICAL GOODS) AND THEN I CHARGE FOR PROFESSIONAL PRINTS AND OTHER PHYSICAL RECREATIONS OF MY WORK.

**5. Principal Office Address**

No. and Street: 157 NARRAGANSETT AVE

City or Town: BARRINGTON

State: RI Zip: 02806 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: COURTNEY TAYLOR-COHEN Contact Title: OWNER

No. and Street: 157 NARRAGANSETT AVE

City or Town: BARRINGTON

State: RI Zip: 02806 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name             | Address                                         |
|-------|-----------------------------|-------------------------------------------------|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

MANAGER

COURTNEY ELIZABETH TAYLOR-COHEN  
COHEN

157 NARRAGANSETT AVE  
BARRINGTON, RI 02806 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

COURTNEY TAYLOR-COHEN 157 NARRAGANSETT AVE BARRINGTON , RI 02806

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 20 Day of December, 2021 at 11:13:31 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By COURTNEY TAYLOR-COHEN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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