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	State of Rhode Island
(RR)	State of Rhode Island  Department of State

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Annual Report for the year: 2020

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**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 Lia	bility Company		-			
001693366	Talia Pirri Photography LLC							
3. NAICS Code 541921	4. Brief description of the character of business conducted in Rhode Island Photography Services							
5. State of Formation	<b>3</b> 32€							
Rhode Island	AH SOLUTION OF THE STATE OF THE							
6. Principal Office Address			City	State	Zip TH			
96 Tomahawk Trail			Cranston	RI	<b>9</b> 02921			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Talia Pirri			Contact Title Owner					
Street Address 96 Tomahawk Trail			<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921			
8. List ALL managers (names an	d addresses) of	the Limited Liabil	ity Company, IF APPLICA	ABLE - DO NOT LIST ME	MBERS			
Manager Name Talia Pirri			Manager Name					
Street Address 96 Tomahawk Trail			Street Address					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zıp	City	State	Zip			
			·	Check the box to inc	licate an attachment			
9. The Resident Agent information	n currently of re	ord with the RID	epartment of State is acc	curate. Changes require t	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			
Talia Pirri				12/01/20	12/01/2021			
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 FILED M

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FORM 632 - Revised: 08/2020