State of Rhode IslandFee: \$50.00Office of the Secretary of State
Division Of Business Services 148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Limited Liability Company Annual Report
Filing Period: February 1 - May 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: 2022
1. ID No. <u>001688140</u>
2. Exact Name of the Limited Liability Company The Lip Bunny LLC
3. State of Formation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>999999</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
ENTITY HQ
5. Principal Office Address
No. and Street: <u>484 HIGHLAND AVE</u> City or Town:FALL RIVERState:MAZip:02720Country:USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: <u>DAMON DIVOZZI</u> Contact Title: <u>CEO</u>
No. and Street: 68 NORTH OLNEY STREET City or Town: JOHNSTON State: RI Zip: 02919 Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
DAMON DIVOZZI 68 NORTH OLNEY STREET JOHNSTON , RI 02919
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of July, 2022 at 10:19:35 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 <u>DAMON DIVOZZI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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