



FILED

FEB 16 2023

BY

10939
[Signature]

Annual Report for the year: *2023*
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001720017		2. Exact name of the Limited Liability Company Lashmeshay LLC		
3. NAICS Code 812199		4. Brief description of the character of business conducted in Rhode Island eyelash extensions		
5. State of Formation RI				
6. Principal Office Address 1726 SMITH STREET		City North Providence	State RI	Zip 02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name SHEYRA TICAS		Contact Title		
Street Address 81 OREGON AVE		City North Providence	State RI	Zip 02911
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
<i>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.</i>				
Name of Authorized Person SHEYRA TICAS		<i>2/2/2023</i>		
Signature of Authorized Person <i>[Signature]</i>				