



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 16 2013

BY

10939
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Annual Report for the year:
Limited Liability Company

2012

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

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|--|--|---|-------------|--------------|
| 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. | | | | |
| 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 SHEYRA TICAS | | 12/2/2012 | | |
| Signature of Authorized Person | | | | |