



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED
 APR 05 2023
 BY 195
 [Signature]

- 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 1725043		2. Exact name of the Corporation Livy Rae, Inc.			
3. Principal Office Address 17 Smith Avenue			City Greenville	State RI	Zip 02828
4. NAICS Code 813910		6. Brief description of the character of business conducted in Rhode Island Retail			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cara Malozzi			Vice-President Name Cara Malozzi		
Street Address 102 Pine Crest Drive			Street Address 102 Pine Crest Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Cara Malozzi			Treasurer Name Cara Malozzi		
Street Address 102 Pine Crest Drive			Street Address 102 Pine Crest Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Cara Malozzi				Date 4/5/23	
Signature of Authorized Representative <i>Cara Malozzi</i>					

MAIL TO:
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