		hode Island	Fee: \$50.00
1636	Division Of Bu 148 W. R Providence R	ecretary of State usiness Services Liver Street RI 02904-2615 22-3040	
Limited Liability C Annual Report Filing Period: Februa			
refusing to file its ann	I.G.L. 7-16-66(d), each limited li ual report within thirty (30) days ˈb&c)) is subject to a penalty fee	s after the time prescribed	
ANNUAL REPORT Y	EAR: <u>2023</u>		
1. ID No. <u>001013</u>	481		
2. Exact Name of the Limited Liability Company <u>2HANDS STUDIO LLC</u>			
3. State of Formation	n		
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>541410</u>			
4. Brief Description Island	of the Character of the Busines	ss Which is Actually Con	ducted in Rhode
WITH SALES			
5. Principal Office A	ddress		
No. and Street:	<u>226 BROADWAY</u> <u>UNIT 1</u>		
City or Town:	<u>NEWPORT</u> Sta	ate: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>ME</u> No. and Street:	<u>ISSA BREEN MONIZ</u> Contact T 226 BROADWAY	Fitle:	

<u>UNIT 1</u>
NEWPORT

State: <u>RI</u> Zip: <u>02840</u>

Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MELISSA BREEN MONIZ 226 BROADWAY, UNIT 1 NEWPORT , RI 02840

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of April, 2023 at 12:37:36 PM 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 MELISSA MONIZ

Signature of Authorized Person

Form No. 632 Revised 09/07

City or Town:

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