RI SOS Filing Number: 202334544740 Date: 4/28/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

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.

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| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                              |                        |       |              |
|--|---|------------------------|-------|--------------|
| 00/689874  | KA-TAL', JEWELRY, LLC   |                        |       |              |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                        |       |              |
| 448310   | E-Commerce - Selling fashion jewelry  |                        |       |              |
| 5. State of Formation  | on-line   |                        |       |              |
| R L  |   |                        |       |              |
| 6. Principal Office Address  |   | City                   | State | Zip          |
| 4430 Rst Rd (  | Suite E59)  | East Greanwich         | RI    | 028R         |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                        |       |              |
| Contact Name Colleen Shea  |   | Contact Title Calner   |       |              |
| Street Address Post Rd (E59)   |   | CINECET Greenwich      | State | Zip<br>028/8 |
| 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 Colleen Shea   |   | Date<br>April 28, 2023 |       |              |
| Signature of Authorized Person Colleen Shear   |   |                        |       |              |

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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