



# State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Domestic Limited Liability Company Annual Report - Amended

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

**ANNUAL REPORT YEAR: 2023** 

- 1. **ID No.** <u>001732853</u>
- 2. Exact Name of the Limited Liability Company Little Knife LLC
- 3. State of Formation

State: RI

#### **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

541921

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE CONNECT CLIENTS WITH FREELANCE MAKEUP ARTISTS & PROVIDE PHOTOGRAPHY
SERVICES FOR THOSE CLIENTS.

### 5. Principal Office Address

No. and Street: 47 WOOD AVE

STE 2

City or Town: <u>BARRINGTON</u> State: <u>RI</u> Zip: <u>02806</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 47 WOOD AVE

STE 2

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

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

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 BARRINGTON, RI 02806

Signed this 24 Day of June, 2023 at 1:19:49 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 RAY SMITH

Signature of Authorized Person

Form No. 632 Revised 09/07

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