RI SOS Filing Number: 202339668360 Date: 7/21/2023 4:00:00 PM



Department of State - Business Services Division

JUL 21 2023 OV 8424315246

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001704875	LASH LOVE RI, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
812112	EYELASHES EXTENS	EYELASHES EXTENSIONS		
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
1060 TOLL GATE ROAD		WARWICK	RI	02886
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		
Contact Name SHANNON GAVEL		Contact Title MEMBER		
Street Address 1060 TOLL GATE ROAD		City WARWICK	State RI	Zip 02886
8. The Resident Agent infor	mation currently of record with	the RI Department of State is a	ccurate. Changes requ	ire filing Form 642.
Under penalty of perjury, statements, and that all st	declare and affirm that I havatements contained herein a	ve examined this report, include the true and correct.	ding any accompanyi	ing schedules and
Name of Authorized Person			Date	
Alexx Cher	win ski		07-19-2023	
Signature of Authorized Per	son ^			
Signature of Authorized Per	ar			

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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