RI SOS Filing Number: 202343228530 Date: 12/6/2023 11:15:00 AM

| State of Rhode Island  Department of State - Business Services Division                                      |  |  | R.I. D                            | R.I. DEPT. OF STATE BUS SVCS DIV |  |
|--|--|--|-----------------------------------|----------------------------------|--|
| Annual Report for the year:  | 2023   |  | 2023 D                            | EC -Ь Д II:                      |  |
| Limited Liability Company  → Filing period: February 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 | •  | May 31.  |                                   |                                  |  |
| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company   |  |                                   |                                  |  |
| 001711500  | Miss Assist LLC  |  |                                   |                                  |  |
| 3. NAICS Code<br>561110  | Brief description of the character of business conducted in Rhode Island     Freelance marketing |  |                                   |                                  |  |
| 5. State of Formation  | ·  |  |                                   | :                                |  |
| 6. Principal Office Address  |  | City   | State                             | Zip                              |  |
| 67 South Pierce Road   |  | East Greenwich   | RI "                              | 02818                            |  |
| 7. Mailing Address of Limited Lia  | bility Company and Name of   | or Title of Contact Person                                   | 1.0                               | -                                |  |
| Contact Name Jolie Gorman  |  | Contact Title OWITE  | Owner                             |                                  |  |
| Street Address 67 South Pierce Road  |  | East Greenwich   | State RI                          | <sup>Zip</sup> 02818             |  |
| 8. The Resident Agent information  | in currently of record with th   | e RI Department of State is accurate. C                      | hanges require fi                 | ling Form 642,                   |  |
| 9. Under penalty of perjury, I d<br>statements, and that all staten  |  | ve examined this report, including an<br>o true and correct. | y accompanyin                     | g schedules and                  |  |
| Name of Authorized Person.   |  |  | Date                              |                                  |  |
| Jolie Goman  | · · · · · · · · · · · · · · · · · · ·  |  | 12/6/23                           |                                  |  |
|  |  |  | · · · · · · · · · · · · · · · · · |                                  |  |

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.rl.gov

SY LKS UNG

**FILED** 

FORM 632 - Revised: 04/2023

DEC 06 2023 [1:15am