



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024  
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 <u>001716257</u>		2. Exact name of the Limited Liability Company <u>All Smiles Teeth Whitening LLC</u>	
3. NAICS Code <u>446120</u>		4. Brief description of the character of business conducted in Rhode Island <u>Teeth Whitening, trainings, wholesale teeth whitening supplies</u> <u>facials, Waxing, Skincare.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>557 Killingly St Unit D</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Ashley Boutelle</u>		Contact Title <u>Owner</u>	
Street Address <u>557 Killingly St</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <u>Ashley Boutelle</u>		Date <u>1/2/2024</u>	
Signature of Authorized Person <u>A Boutelle</u>			

MB FILED 941  
JAN - 2 2024  
BY ZJNR9

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov