| State of Rhode Island  | Fee: \$50.00      |
|--|-------------------|
| Office of the Secretary of State   |                   |
| Division Of Business Services  |                   |
| 148 W. River Street  |                   |
| Providence RI 02904-2615   |                   |
| (401) 222-3040   |                   |
| Limited Liability Company  |                   |
| Annual Report<br>Filing Period: February 1 - May 1   |                   |
| Thing Fenou. Tebruary T- May T   |                   |
| In accordance with R.I.G.L. 7-16-66(d), 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.  |                   |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024   |                   |
|  |                   |
| 1. ID No. <u>001727550</u>   |                   |
| 2. Exact Name of the Limited Liability Company Nicole Marcelle Photography LLC   |                   |
| 3. State of Formation  |                   |
| State: <u>RI</u>   |                   |
| 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. |                   |
|  |                   |
| <u>541921</u>  |                   |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode<br>Island   |                   |
| I PROVIDE WEDDING PHOTOGRAPHY SERVICES TO COUPLES AT VARIOUS   | EVENT             |
| VENUES IN RHODE ISLAND.  |                   |
| 5. Principal Office Address  |                   |
| No. and Street: 137 OLD MAIN STREET #1   |                   |
| No. and Street:137 OLD MAIN STREET, #1City or Town:MANVILLEState:RIZip:02838Count  | rv: USA           |
|  | <u> </u>          |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |                   |
| Contact Name: Contact Title:   |                   |
| No. and Street: <u>137 OLD MAIN STREET, #1</u>   | tn <i>u</i> 110 A |
| City or Town: MANVILLE State: RI Zip: 02838 Coun   | uy: <u>USA</u>    |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER   |                   |
| Changes Require Filing of Form 642 - R.I.G.L. 7-16-11  |                   |
|  |                   |

## <u>UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BLVD., SUITE 200</u> WARWICK , <u>RI 02888</u>

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 10 Day of January, 2024 at 10:08:54 AM 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 <u>NICOLE CORDIER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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