RI SOS Filing Number: 202444570240 Date: 1/23/2024 11:50:00 AM



State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year: 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.

**STAMP** 

RECEIVED. B.J. DEP TORUSONTE BUS SYOS DIV

2024 JAH 23 P 2: 13.

Entity ID Number	2. Exact name of the Limited Liability Company		
000681669	1 Desiree Wan Motogorphy		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
541921 5. State of Formation	Widding Pholography		
(2)		01	
6. Principal Office Address		City	State Zip
262 Wears	er HII Rd	hest Graniel	R1 02817
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact-Name		Contact Title	
Desivee I voin		Owner	
Street Address	$\mathcal{L}$	City	State Zip
10 Box 583		Exetin	K 02822
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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.			
Name of Authorized Person		<del></del>	Date
Ocsines & Jaga		$\sim$	1,17,24
Signature of Authorized Person			
The state of the s			

FILED

JAN 23 2024 11:50 BY ML BA 103

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov