



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 23 2024
BY 1082
DS

1. Entity ID Number 001696895		2. Exact name of the Limited Liability Company LAC, LLC	
3. NAICS Code 812112		4. Brief description of the character of business conducted in Rhode Island SAHM Services	
5. State of Formation R.I.			
6. Principal Office Address 1232 Mineral Springs Ave NPROV		City NPROV	State R.I.
		Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Lisa Ciccione		Contact Title member	
Street Address 1232 Mineral Springs Ave N. PROV.		City N. PROV.	State RI
		Zip 02904	
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 Lisa Ciccione		Date 1/19/24	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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