RI SOS Filing Number: 202447460070 Date: 2/26/2024 4:00:00 PM



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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
1720760	Lyka, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island OPERATION OF NAIL SALON AND ALL MATTERS RELATED THERETO			
812113				
5. State of Formation				
Rhode Island				
6. Principal Office Address	<u> </u>	City	State	Zip
1903 Mineral Spring Avenue		North Providence	RI	02904
7. Mailing Address of Limited	Liability Company and Name or T	itle of Contact Person		
Contact Name Phalika Sum		Contact Title Member		
Street Address 103 Alger Avenue		City Providence	State RI	^{Zip} 02907
8. The Resident Agent inform	nation currently of record with the F	RI Department of State is accurate	e. Changes requir	e filing Form 642.
9. Under penalty of perjury, statements, and that all sta	I declare and affirm that I have tements contained herein are tr	examined this report, including ue and correct.	g any accompany	ving schedules and
Name of Authorized Person			Date	
PHALLIKA SUM			2/05/2024	
Signature of Authorized Pers	The		-	

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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