

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.



001709524 C &		2. Exact name of the Limited Liability Company			
	C & L Lulu, LLC				
	Brief description of the character of business conducted in Rhode Island Invest in and maintain seel estate.				
531110 Inves	Invest in and maintain real estate				
5 State of Formation					
RI					
Principal Office Address		City	State	Zip	
716 Beacon Street, Unit 590146		Newton Center	MA	02459	
7 Mailing Address of Limited Liability Co	ompany and Name or	Title of Contact Person	····		
Contact Name Christopher Berardi		Contact Title Member			
Street Address 716 Beacon Street, Unit 590146		City Newton Center	State MA	^{Zip} 02459	
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			Date	00 0 1	
Christopher Berardi		d'a	23 -24		
Signature of Authorized Person				,	

MAIL TO:

Division of Business Services

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

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