



State of Rhode Island  
Department of State - Business Services Division

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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 <b>171293</b>		2. Exact name of the Limited Liability Company <b>REPLACEMENT SERVICES LLC</b>	
3. NAICS Code <b>448310</b>		4. Brief description of the character of business conducted in Rhode Island <b>JEWELRY REPAIR AND REPLACEMENT</b>	
5. State of Formation <b>ILLINOIS</b>			
6. Principal Office Address <b>15 N 1ST ST. STE 100</b>		City <b>BELLEVILLE</b>	State <b>IL</b>
		Zip <b>62220</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Hyon-Ae Mackay</b>		Contact Title <b>ACCOUNTANT</b>	
Street Address <b>15 N 1ST ST. STE 100</b>		City <b>BELLEVILLE</b>	State <b>IL</b>
		Zip <b>62220</b>	
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 <b>Hyon-Ae Mackay</b>		Date <b>03/04/2024</b>	
Signature of Authorized Person <b>HYONAE MACKAY</b>			

FILED

MAR 07 2024

BY **JTH55**  
**AA.12:33pm.**

MAIL TO:

Division of Business Services  
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