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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 4. First ID No First | I a Fire to the state of the state of the | ANTA CARACTER | . | |
|--|--|-------------------------------|--------------------|----------------------|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
| 001755493 | FRUGALLY MELODY LLC | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | |
| 541990 | PERSONAL MONEY COACHING AND BUDGETING | | | |
| 5. State of Formation | | | | |
| RHODE ISLAND | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 166 Valley Street, Building 6M, Suite 103 | | Providence | RI | 02909 |
| 7. Mailing Address of Limited L | iability Company and Name or Title | of Contact Person | • | • |
| Contact Name MELODY BARTHELEMY | | Contact Title FOUNDER | | |
| Street Address 166 Valley Street, Bldg 6M, Suite 103 | | City Providence | State RI | ^{Zip} 02909 |
| 8. The Resident Agent information | tion currently of record with the RI [| Department of State is accura | te. Changes requir | e filing Form 642. |
| | declare and affirm that I have exements contained herein are true | | g any accompany | ring schedules and |
| Name of Authorized Person | | | Date | |
| MELODY BARTHELEN | | 2 29 2024 | | |

MAIL TO:

Division of Business Services

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

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