

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 \$25.0	0 fee if form is not filed by May	31.			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001683188	Lash Lift RI LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
8/2/12 5. State of Formation	Beauty Services				
RE-	,				
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
329 Bald Hill	Rd.	Warwick	RI	02886	
7. Mailing Address of Limited Li	ability Company and Name or Tit	le of Contact Person		·	
Contact Name		Contact Title			
Kristen Pierson		owner			
Street Address		City	State	Zip	
1550 Nouseneck Hill Rd #97		Coventry	RI	02816	
	ion currently of record with the RI				
9. Under penalty of perjury, I statements, and that all state	declare and affirm that I have e ments contained herein are tru	xamined this report, including e and correct.	g any accompany	ring schedules and	
Name of Authorized Person			Date 1		
Kristen Pierson			3/25/	24	

MAR 25 2024 BY VOR 7C

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

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