RI SOS Filing Number: 202450340240 Date: 4/5/2024 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

r: 2024

Annual Report for the year: 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.

	No.
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1. Entity ID Number	2. Exact name of the Limited Liability Company			
001766363	LACIOHINGS LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
448190	Thirkey wears accessories, Shippod and sold in			
5. State of Formation	Mideria.	CC C3CO (127) D (1		
6. Principal Office Address		City	State	Zip
319 0610	Aue	Beniclance	<u>7</u>	02902
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name RILAND	t Lawa L	Contact Title		
Street Address		City	State	Zip
319 Ohio	Ave	busquie	RI	02905
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	<del></del>		Date	
Signature of Authorized Person				

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MAIL TO:

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

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