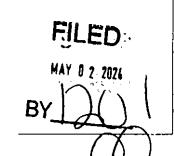


Annual Report for the year: 2024 Limited Liability Company

→ 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 | 2. Exact name of the Limited Liability Company | | | |
|---|---|--|--------------------|-----------------------|
| 001742654 | HILARY BLOCK, ILC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 54192 <u>1</u> | PHOTOGRAPHY | | | |
| 5. State of Formation | | | | |
| RI | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 760 SHERMANTOWN ROAD | | SAUNDERSTOWN | RI | 02874-2002 |
| 7. Mailing Address of Limite | d Liability Company and Name or T | itle of Contact Person | | • |
| Contact Name ETDARY BLOCK-COUTURIER | | Contact Title MEMBER | | |
| Street Address 76C SHERMANTOWN ROAD | | City SAUNDERSTOWN | State R i | Zip 02874-2002 |
| 8. The Resident Agent infor | mation currently of record with the F | RI Department of State is accur | rate. Changes requ | ire filing Form 642. |
| Under penalty of perjury, statements, and that all st | declare and affirm that I have ex atements contained herein are tr | ramined this report, including rue and correct. | g any accompanyi | ing schedules and |
| Name of Authorized Person | | | Date | |
| HILARY BLOCK-COUTUE | TER | | 3/14/24 | |
| Signature of Authorized Per | | | 19/2/// | |
| | within | | | |

MAIL TO:

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

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