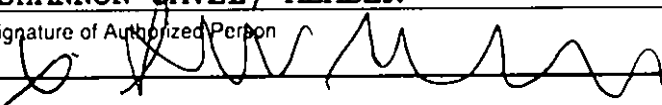


**State of Rhode Island
Department of State - Business Services Division**

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

FILED
MAY 01 2024
BY 31038m1
DS

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001704875	LASH LOVE RI, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
812112	EYELASH EXTENSIONS		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
1060 TOLL GATE ROAD	WARWICK	RI	02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
SHANNON GAVEL	MEMBER		
Street Address	City	State	Zip
1060 TOLL GATE ROAD	WARWICK	RI	02886
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			Date
SHANNON GAVEL, MEMBER			
Signature of Authorized Person			
			

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov