

State of Rhode Island

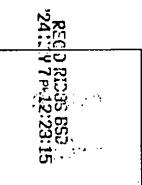
Department of State - Business Services Division

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.



| 1. Entity ID Number | 2. Exact name of the Limited Liability Company prettydopeface, LLC | | | |
|---|--|--|--------------------|----------------------|
| 001720793 | | | | |
| 3. NAICS Code 541800 | Brief description of the character of business conducted in Rhode Island Marketing | | | |
| 5. State of Formation Rhode Island | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 1258 Osgood Street #3301 . | | North Andover | MA | 01845 |
| 7. Mailing Address of Limite | ed Liability Company and Name | or Title of Contact Person | | 1 |
| Contact Name Lynelia E Raposo | | Contact Title Single Member | | |
| Street Address 1258 Osgood Street #3301 | | North Andover | State MA | ^{Zip} 01845 |
| 8. The Resident Agent infor | mation currently of record with t | the RI Department of State is accurat | e. Changes require | filing Form 642. |
| 9. Under penalty of perjui statements, and that all s | y, I declare and affirm that I h tatements contained herein a | ave examined this report, including re true and correct. | g any accompany | ing schedules and |
| Name of Authorized Rerson John R Daniels Signature of Authorized Person | | | 5·7·2024 | |
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MAIL TO:

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