RI SOS Filing Number: 202454606180 Date: 5/17/2024 4:00:00 PM



State of Rhode Island

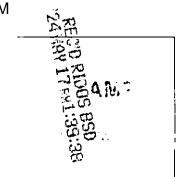
Department of State - Business Services Division

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.



Entity ID Number 000381852	Exact name of the Limited Liability Company Claudina LLC				
4. NAICS Code 5. 812112	Brief description of the control of the contro	Brief description of the character of business conducted in Rhode Island Beauty Salon			
State of Formation Rhode Island					
6. Principal Office Address 583 Beverage Hill Ave		City Pawtucket	State RI	Zip 02861	
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person	<u> </u>		
Contact Name Ana Claudina		Contact Title Member			
Street Address 85 Brightridge Ave		City East Providence	State RI	Zip 02914	
8. The Resident Agent info	mation currently of record with th	e RI Department of State is acc	urate. Changes requi	re filing Form 642	
	y, I declare and affirm that I had tatements contained herein are		iding any accompan	ying schedules and	
Name of Authorized Persor Ana Claudina	7		Date 4/29	Date 4/29/24	
Signature of Authorized Pe	son Of Oliv		· · · · · · · · · · · · · · · · · · ·	/-	

MAIL TO:

Division of Business Services

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

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

MAY 17 2024

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