



State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Domestic Limited Liability Company Annual Report - Amended

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

- **1. ID No.** 001721138
- 2. Exact Name of the Limited Liability Company Bossladylashh LLC
- 3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

812112

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

EYELASH EXTENSIONS SALON

5. Principal Office Address

No. and Street: 250 MAIN ST

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TYRENE RAMOS Contact Title: OWNER

No. and Street: 250 MAIN ST

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 BARRINGTON, RI 02806

Signed this 10 Day of June, 2024 at 10:09:19 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By **TYRENE RAMOS**

Signature of Authorized Person

Form No. 632 Revised 09/07

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