



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUN 12 PM 3:55:59

Annual Report for the year:  
Limited Liability Company

2024

- 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<br><b>1746217</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Celesthe Beauty LLC</b>                                |                    |
| 3. NAICS Code<br><b>812112</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Beauty MAKEup, Lashes</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |   |                    |
| 6. Principal Office Address<br><b>61 PARKway Ave</b>  |  | City<br><b>Cranston</b>   | State<br><b>RI</b> |
| Zip<br><b>02905</b>   |  |   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                    |
| Contact Name<br><b>✓ Angie Rodriguez</b>  |  | Contact Title<br><b>Owner</b>   |                    |
| Street Address<br><b>Same as above</b>  |  | City  | State              |
| Zip   |  |   |                    |
| 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<br><b>Mouvo Onellana</b>  |  | Date<br><b>6/12/2024</b>  |                    |
| Signature of Authorized Person<br>  |  |   |                    |

FILED

JUN 12 2024

BY **JZMley**  
**AA**

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