



**State of Rhode Island
Office of the Secretary of State**

No Fee

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. 000164147

2. Exact Name of the Limited Liability Company SHADES, 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.

446130

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

RETAIL SALES BUSINESS - SUNGLASSES, EYEWEAR, AND OPTICAL SERVICES

5. Principal Office Address

No. and Street: 423 SOUTH MAIN STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

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

Contact Name: TRACEY L CUGNO Contact Title: OWNER / MEMBER

No. and Street: 9 ESSEX DRIVE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TRACEY L. CUGNO 9 ESSEX DRIVE WESTERLY , RI 02891

Signed this 19 Day of July, 2024 at 11:53:56 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 TRACEY L CUGNO
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 19, 2024 03:37 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

