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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company POSH Beauty Box CCC				
001738957					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812113	· Hair * nails				
5. State of Formation	1				
PhodeIskand					
6. Principal Office Address		City	State	Zip	
1324 Broad Ct		central falls	PI	02863	
7. Mailing Address of Limited L	iability Company and Name or Titl	e of Contact Person			
Contact Name		Contact Title			
Corina bunas		Manager			
Street Address 191 Eastwood Are		city Providence	State P.#	Zip N901	
8. The Resident Agent informat	tion currently of record with the RI	Department of State is accurate	. Changes require	e filing Form 642.	
9. Under penalty of perjury, I statements, and that all state	declare and affirm that I have ex ments contained herein are true	xamined this report, including e and correct.	any accompany	ring schedules and	
Name of Authorized Person			Date 7/31/24		
Coving Ger	ian		1/31/24		
Signature of Authorized Persor					
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BY CZK+

MAIL TO:

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