



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), 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.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 001733202

2. Exact Name of the Limited Liability Company MICHELLE LEE INK 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.

812199

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

OUR PURPOSE IS TO HELP ENHANCE THE LIVES OF OTHERS THROUGH COSMETIC AND PARAMEDICAL TATTOOING. WE SPECIALIZE IN 3D AREOLA RESTORATIVE TATTOO AND SCAR AND STRETCHMARK CAMOUFLAGE FOR ANYONE WHO HAS UNDERGONE MASTECTOMIES OR ANY TYPE OF TOP SURGERY OR TRAUMATIC INJURY. WE ALSO OFFER EYEBROW TATTOO TO RESTORE THE APPEARANCE OF FULL BROWS. WE ENJOY GIVING BACK TO OUR COMMUNITY BY DONATING SERVICES THROUGH OUR BREAST & BROWS PROGRAM. WE ALSO OFFER FREE RADIATION MARKER CAMOUFLAGE TO ANYONE, ANYTIME BECAUSE WHO WANTS THAT AS A CONSTANT REMINDER. OUR

MISSION IS TO RAISE
SELF-ESTEEM AND CONFIDENCE WHILE NURTURING THEIR INNER BEAUTY.

5. Principal Office Address

No. and Street: 1 SILO LN
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

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

Contact Name: MICHELLE COSTA Contact Title:
No. and Street: 1 SILO LANE
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

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

MICHELLE LEE COSTA 1 SILO LN COVENTRY , RI 02816

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of August, 2024 at 11:43:00 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 MICHELLE LEE COSTA
Signature of Authorized Person

Form No. 632
Revised 09/07