

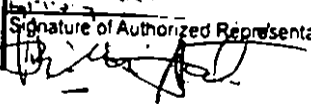
REC'D RIDGESPOND
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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2023

- 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 17061910		2. Exact name of the Corporation Lil' Miss Lash & Beauty Lounge Corp			
3. Principal Office Address 108 Phenix Ave		City Cranston	State RI	Zip 02920	
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island Beauty Services such as Lash Extensions			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Misty Machado			Vice-President Name		
Street Address 49 Wine St.			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		PAR VALUE	
		100		1.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative			Date 5/10/24		
Signature of Authorized Representative 			FILED		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
SEP 9 2024
BY **VZJ42**
10/2