



State of Rhode Island

Department of State - Business Services Division

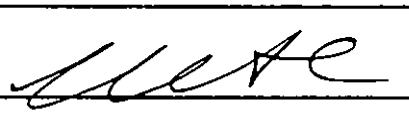
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Annual Report for the year: 2024**Limited Liability Company**

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001739666		2. Exact name of the Limited Liability Company Phase LLC	
3. NAICS Code 448190		4. Brief description of the character of business conducted in Rhode Island Online Clothing Store	
5. State of Formation RI			
6. Principal Office Address 42 Grosvenor Ave		City Providence	State RI
		Zip 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Willeen Capehart		Contact Title President	
Street Address 42 Grosvenor		City Providence	State RI
		Zip 02908	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
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 Willeen Capehart		Date 9/5/24	
Signature of Authorized Person 			

FILED

SEP 6 2024

BY

PFNB4

MAIL TO:

Division of Business Services

146 W. River Street Providence, Rhode Island 02904-2615

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