RI SOS Filing Number: 202562106660 Date: 1/8/2025 1:48:00 PM



## 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.

Entity ID Number	2. Exact name of the Limited Liability Company			
001746186	Lash401 LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
611618	Lash extension			
5. State of Formation	Lash Training			
RI	Lash supplies			
6. Principal Office Address		City	State	Zip
128 Gansette Alle		Cranston	RI	01960
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Mulody Floria		Owner		
Street Address		City	State	Zip
1105 Pontiag Aue		Chanston		02920
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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			Date	
Mulody Florio			1.8.25	
Signature of Authorized Person  Website  Output  Description:				

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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov