

State of Rhode Island

Department of State - Business Services Division

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

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC 25 J	
REPORTED	
5 BSD : 44:21	

1. Entity ID Number	2. Exact name of the Limited Lia	bility 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	5			
6. Principal Office Address		City	State	Zip	
128 Gansel	te Alle	Cransten	RI	62916	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title					
Mulody F	Lorio	Owner			
Street Address		City	State	Zip	
1105 Pontiac 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			
Mulady Florio		1.8.25			
Signature of Authorized Person WWO					

JAN 8 2025 1:48 BY XQBKT

MAIL TO:

Division of Business Services

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

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