RI SOS Filing Number: 202562471290 Date: 1/10/2025 1:51:00 PM



State of Rhode Island **Department of State - Business Services Division**

2023 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.

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1. Entity ID Number	2. Exact name of the Lin	nited Liability Company				
001709607	FASHION EXP	FASHION EXPANSION BY ALYISSA LLC				
3. NAICS Code 812990	4. Brief description of the CONSULTING	Brief description of the character of business conducted in Rhode Island CONSULTING				
5. State of Formation						
6. Principal Office Address		City	State	Zip		
283 FALL RIVER AVE.		SEEKONK	MA	02771		
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		<u></u>		
Contact Name ALYISSA PHILLIPS		Contact Title OWNER				
Street Address 283 FALL RIVER AVE		City SEEKONK	State MA	^{Zip} 02771		
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accur	rate. Changes require	filing Form 642.		
	y, I declare and affirm that I f tatements contained herein a	nave examined this report, including true and correct.	ing any accompany	ing schedules and		
Name of Authorized Person			Date			
ALYISSA PHILLIPS			1/13/2025			
Signature of Authorized Rei	10 11 11 11		1			

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MAIL TO:

Division of Business Services

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

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