

## 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.

2021

1. Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
001709607	FASHION EXPA	FASHION EXPANSION BY ALYISSA LLC  4. Brief description of the character of business conducted in Rhode Island CONSULTING			
3. NAICS Code 812990	1				
5. State of Formation					
6. Principal Office Address		City	State	Zip	
283 FALL RIVER AVE.		SEEKONK	MA	02771	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person	1		
Contact Name ALYISSA PHILLIPS		Contact Title OWNER			
Street Address 283 FALL RIVER AVE		City SEEKONK	State MA	<sup>Zip</sup> 02771	
8. The Resident Agent info	mation currently of record with t	he RI Department of State is accur	rate. Changes require	e filing Form 642.	
	y, I declare and affirm that I h tatements contained herein a	ave examined this report, include re true and correct	ing any accompany	ing schedules and	
Name of Authorized Person			Date	Date	
ALYISSA PHILLIPS			1/13/2025		

**FILED** 

JAN 10 2025 1249

BY CX8N7

MAIL TO:

**Division of Business Services** 

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

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