

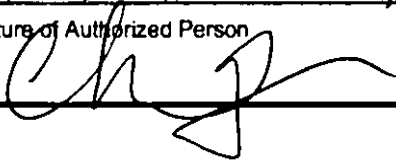


State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2025  
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<br><b>001777901</b>                                                                                                                                                                     | 2. Exact name of the Limited Liability Company<br><b>The Timeless Bride, LLC</b>                                                                                                                      |                           |                     |
| 3. NAICS Code<br><b>458110</b>                                                                                                                                                                              | 4. Brief description of the character of business conducted in Rhode Island<br><b>Deal generally in wedding gowns and related accessories, all ancillary purposes, and all other lawful purposes.</b> |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                                                                                                                                                                                                       |                           |                     |
| 6. Principal Office Address<br><b>650 Ten Rod Road, Suite 205</b>                                                                                                                                           | City<br><b>North Kingstown</b>                                                                                                                                                                        | State<br><b>RI</b>        | Zip<br><b>02852</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                                                                                                                                                                                                       |                           |                     |
| Contact Name<br><b>Christine T. Geer</b>                                                                                                                                                                    | Contact Title<br><b>Manager</b>                                                                                                                                                                       |                           |                     |
| Street Address<br><b>650 Ten Rod Road, Suite 205</b>                                                                                                                                                        | City<br><b>North Kingstown</b>                                                                                                                                                                        | State<br><b>RI</b>        | Zip<br><b>02852</b> |
| 8. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |                                                                                                                                                                                                       |                           |                     |
| <i>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.</i> |                                                                                                                                                                                                       |                           |                     |
| Name of Authorized Person<br><b>Christine T. Geer, Manager</b>                                                                                                                                              |                                                                                                                                                                                                       | Date<br><b>02/05/2025</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                                                                                                                                                                                                       |                           |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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FEB 28 2025

BY P3A72 1151  
FORM 632 - Revised: 04/2023