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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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company		
001707434	HA @	lonjure Boutique	re ZIC	· · · · · · · · · · · · · · · · · · ·
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541612	e-commorce,	Online Consults	ng	
5. State of Formation			•	
Rhode Island			<u>. </u>	
6. Principal Office Address		City	State	Zip
669 Public	street, 2nd floor	Providence	DJ	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name GIRGA	Ordonez	Contact Title Dwner		
Street Address 469 Public St	. 2nd floor	CHy Providence	State	02907
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	Ineria S C	I do res	Date 03/24/2025	
Signature of Authorized Person				

MAIL TO:

Division of Business Services

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

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

MAR 24 2025 PVEMLT