

State of Rhode Island

Department of State - Business Services Division

STAMP

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 | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|---------------|-------|-------|--|--|
| 001688889 | Virtuous 31-boutique by yelicira. UC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 448120 | clothing, Accesory | | | | | |
| 5. State of Formation | Clothan | | | | | |
| L R1 | | | | | | |
| 6. Principal Office Address | 2 | City | State | Zip | | |
| 32 Dila 8 | 54 | Cesonsucket | RI | 02895 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | Contact Title | | | | |
| Yahaira I. Torres | | | | | | |
| Street Address | | City | State | Zip | | |
| 32 Dike St | | woonsocket | RI | 02895 | | |
| 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 | | | | | | |
| Yahqura I | rago | 414 | 2025 | | | |
| Signature of Authorized Person | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |

FILED

MAIL TO:

Division of Business Services

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

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