



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024

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 001764763		2. Exact name of the Limited Liability Company Butterfly Bliss Lashes, Inc.	
3. NAICS Code 812113		4. Brief description of the character of business conducted in Rhode Island Eyelash extension & nail salon	
5. State of Formation RI			
6. Principal Office Address 5853 Post Road Unit 103A		City East Greenwich	State RI
		Zip 02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Brittany Paquin		Contact Title Owner	
Street Address 63 Scenery Lane		City Johnston	State RI
		Zip 02919	
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 Brittany Paquin			Date 04.14.2025
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

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BY