

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

EVEAR 2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (h&c)) is subject to a penalty fee of \$25.00

(K.I.G.L. /-10-00 (b&c		to a penalty fee of \$25.0						
I. ID No.		2. Exact name of the limited liability company						
99625	Hair W	e Are, LLC						
3. State of Formation RHODE ISLAND		4. Brief description of th REAL ESTATE RE	e character of the husiness who NTAL	ich is actually conducted in Rhode	Island			
5. Principal office adds		voort Re	1	City Medal	State 17	工	02842	
6. MAILING ADDI	RESS OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT P	PERSON:		•	
Joseph Tastino				Contact Title President				
23 Pockwood Rd				Midd letow	N State	<u> </u>	02142	
7. NAME AND AD	DRESS OF	EACH MANAGER (OF THE LIMITED LIARI	LITY COMPANY, IF APPLI	CARLE - DO N	OT LIST !	 MEMBEDS	
			S BEFORE USING ATT		ATTACHMENT)		ATEMATORIES	
Manager Name Tisseph Fastino				Manager Name				
194 Charlotte Whit Rd				Street Address				
Westpo	rt	State MASS	Zip 02790	City	State	···· ···	Ζір	
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	Сиу	State		Zip	
8. RESIDENT AGE Agent Name JOSEPH FASTINO	NT IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 64 Address	í2 - R.I.G.L. 7-1	6-11	l.	
Address 23 ROCKWOOD ROAD				City MIDDLETOWN		Ζψ 02842		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.
File Date 9.12.07 Check No. 494 By: 100 FOR SECRETARY OF STATE USE ONLY	contained herein are true and correct. Appendix Fastur & 5/2407 Signature of Alphorized Person Date Print or Type Name of Authorized Person