



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**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 (b&c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                      |       |                                                                                                                        |                               |                    |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------|----------------------|
| 1. ID No.<br><b>112656</b>                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br><b>Aquidneck Hair Care, LLC</b>                                      |                               |                    |                      |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>HAIR SALON</b> |                               |                    |                      |
| 5. Principal office address<br><b>1077 Aquidneck Avenue</b>                                                                                                                                          |       | City<br><b>MIDDLETOWN</b>                                                                                              |                               | State<br><b>RI</b> | Zip<br><b>02842</b>  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON                                                                                                                  |       |                                                                                                                        |                               |                    |                      |
| Contact Name<br><b>SUSAN CORDEIRO</b>                                                                                                                                                                |       |                                                                                                                        | Contact Title<br><b>owner</b> |                    |                      |
| Street Address<br><b>231 CEDAR AVENUE</b>                                                                                                                                                            |       | City<br><b>PORTSMOUTH</b>                                                                                              |                               | State<br><b>RI</b> | Zip<br><b>02871</b>  |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                        |                               |                    |                      |
| Manager Name                                                                                                                                                                                         |       |                                                                                                                        | Manager Name                  |                    |                      |
| Street Address                                                                                                                                                                                       |       |                                                                                                                        | Street Address                |                    |                      |
| City                                                                                                                                                                                                 | State | Zip                                                                                                                    | City                          | State              | Zip                  |
| Manager Name                                                                                                                                                                                         |       |                                                                                                                        | Manager Name                  |                    |                      |
| Street Address                                                                                                                                                                                       |       |                                                                                                                        | Street Address                |                    |                      |
| City                                                                                                                                                                                                 | State | Zip                                                                                                                    | City                          | State              | Zip                  |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                             |       |                                                                                                                        |                               |                    |                      |
| Agent Name<br><b>SUSAN CORDEIRO</b>                                                                                                                                                                  |       |                                                                                                                        | Address                       |                    |                      |
| Address<br><b>231 CEDAR AVENUE</b>                                                                                                                                                                   |       |                                                                                                                        | City<br><b>PORTSMOUTH</b>     |                    | Zip<br><b>02871-</b> |

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

|                                 |             |
|---------------------------------|-------------|
| File Date                       | <b>9/13</b> |
| Check No.                       | <b>3151</b> |
| By:                             | <b>MK</b>   |
| FOR SECRETARY OF STATE USE ONLY |             |

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.

Susan Cordeiro  
Signature of Authorized Person Date

SUSAN CORDEIRO  
Print or Type Name of Authorized Person