



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

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. 142923		2. Exact name of the limited liability company Soiree Hair Salon & Mini Spa, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Salon and Mini Spa			
5. Principal office address 26 Holbrook Avenue			City East Providence	State RI	Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Elizabeth BeSousa			Contact Title Member		
Street Address 26 Holbrook Avenue			City East Providence	State RI	Zip 02916
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 Frank S. Lombardi			Address		
Address 225 Broadway			City Providence	Zip 02903	

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

File Date **FILED**
 Check No. **SEP 05 2008**
 By: *[Signature]* 341
 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.

Elizabeth DeSousa 8/5/08
 Signature of Authorized Person Date
 Elizabeth DeSousa
 Print or Type Name of Authorized Person