RALPH MORE	State of Rhode Island Office of the			ons Fee: \$50.00
Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040				
Limited Liability Co Annual Report Filing Period: September				
file its annual report with	G.L. 7-16-66(d), each limited lia in thirty (30) days after the tim to a penalty fee of \$25.00.			to
ANNUAL REPORT YEA	AR: <u>2008</u>			
1. ID No. <u>000163871</u>				
2. Exact Name of the Limited Liability Company <u>JESSABELLA SALON, LLC</u>				
3. State of Formation	1			
State: <u>RI</u>				
Hairdresser 5. Principal Office Add	dress			
No. and Street:	1050 MAIN STREET			
	WEST WARWICK	State: <u>R</u>	Zip: <u>02893</u>	Country: <u>USA</u>
Contact Name: <u>JESSI</u> No. and Street:	Limited Liability Company CA COONEY Contact Title: 1605 MAIN STREET WEST WARWICK	and Name c State: <u>R</u>		erson: Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Address	
	First, Middle, Last, Suf	fix	Address, City or Town,	State, Zip Code, Country
	N RHODE ISLAND - DO NOT iling of Form 642 - R.I.G.L. 7			
JOSEPH P. CASALE, ESQ. 438 EAST MAIN ROAD, SUITE 204 MIDDLETOWN , RI 02842-				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 29 Day of October, 2008 at 8:54:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>/S/ JESSICA COONEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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