



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 2008

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

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  
I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.		2. Exact name of the limited liability company			
117273		CUTTING EDGE PROFESSIONAL SERVICES, LLC			
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island			
Rhode Island		To practice cosmetology, hairdressing, cosmetic therapy and manicuring, management, consulting and facility planning services			
5. Principal office address		City	State	Zip	
71 Main Street		Wakefield	RI	02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name		Contact Title			
Lydia F. Galligan					
Street Address		City	State	Zip	
805 Point Judith Rd.		Narragansett	RI	02882	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Lydia F. Galligan					
Street Address		Street Address			
805 Point Judith Rd.					
City	State	Zip	City	State	Zip
Narragansett	RI	02882			
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			Address		
Martha Day					
Address			City	State	Zip
71 Main Street			Wakefield		02879

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, contained herein are true and correct.

James W. Galligan 2/17/09  
Signature of Authorized Person Date  
JAMES W. GALLIGAN  
Print or Type Name of Authorized Person

File Date	2-23-09
Check No.	1260
By	MNC
FOR SECRETARY OF STATE USE ONLY	