



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 101172		2. Exact name of the limited liability company SEAHORSE SENSATIONS, LLC.		
3. State of Formation RI.		4. Brief description of the character of the business which is actually conducted in Rhode Island HAIR SALON DBA AWESOME HAIR ETC.		
5. Principal office address 14 A PIER MARKET PLACE		City NARRAGANSETT	State RI.	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name DENNIS SANTOS		Contact Title PRESIDENT / PARTNER LLC		
Street Address RESIDENCE - 14 A PIER MARKET PLACE		City NARRA.	State RI.	Zip 02882.
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) ☐				
Manager Name ROBERTA S. HARVEY-DAVIS		Manager Name		
Street Address 26 VICTORY ST.		Street Address		
City WAKEFIELD	State RI.	Zip 02879.	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11				

FILED

FEB 26 2009

BY AMF

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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	
Check No.	01:11WA 61833600Z
By:	AIO S
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.

Dennis Santos 2/2/09.
Signature of Authorized Person Date
DENNIS SANTOS
Print or Type Name of Authorized Person