

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

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.

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2. Exact	· · · · · · · · · · · · · · · · · · ·						
CHE'N	ARZ SALON, LLC						
	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND BEAUTY SALON.							
5. Principal office address			City	State		Zip	
3306 WEST SHORE ROAD			WARWICK	RI		02886	
Contact Name							
· · · · · · · · · · · · · · · · · · ·							
Street Address			City	B .		Zip	
20 CENTERVILLE ROAD			WARWICK	RI		02886	
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			Manager Name				
CHERYL LAUCKS			ANTHONY J. MARZILLI				
Street Address			Street Address				
3306 WEST SHORE ROAD			3306 WEST SHORE ROAD				
	State RI	<sup>Zip</sup> 02886	Ctty WARWICK	State RI		<sup>Ζφ</sup> 02886	
Manager Name			Manager Name				
Street Address			Street Address				
	State	Zip	City	State		Ζψ	
Agent Name			Address				
S. CHRISTOPHER STOWE, JR., ESQ.							
Address					1 -		
20 CENTERVILLE ROAD			WARWICK	02886			
	2 Exact CHE'N  RE ROA  ROAD  RESS OF L  RESS OF L  RESS OF L	2. Exact name of the limited itability CHE'MARZ SALON, LLC  4. Brief description of the BEAUTY SALON.  RE ROAD SS OF LIMITED LIABILITY C R STOWE, JR., ESQ.  ROAD  RESS OF EACH MANAGER OF FILL IN SPACES  RE ROAD  State  I IN RHODE ISLAND - DO N R STOWE, JR., ESQ.	2. Exact name of the limited liability company CHE'MARZ SALON, LLC  4. Brief description of the character of the business white BEAUTY SALON.  RE ROAD SS OF LIMITED LIABILITY COMPANY AND NAME R STOWE, JR., ESQ.  ROAD RESS OF EACH MANAGER OF THE LIMITED LIABILITY FILL IN SPACES BEFORE USING ATTA  STATE RI  State RI  State Zip 02886  I IN RHODE ISLAND - DO NOT ALTER - Changes R STOWE, JR., ESQ.	2 Exact name of the limited liability company  CHE'MARZ SALON, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Isle BEAUTY SALON.  City WARWICK SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PEL Contact Title R STOWE, JR., ESQ.  ROAD  RESIDENT AGENT  City WARWICK  RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICA FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR A Manager Name ANTHONY J. MARZILLI  Street Address 3306 WEST SHORE RO  State  RI  Street Address  State  Zip City WARWICK  Manager Name  Street Address  State  Zip City City T IN RHODE ISLAND - DO NOT ALTER - Changes R STOWE, JR., ESQ.  City  City City City City City City Ci	2. Exact name of the limited liability company CHE'MARZ SALON, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Island BEAUTY SALON.  City WARWICK RI SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title RESIDENT AGENT  City WARWICK RI RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, If APPLICABLE - DO N FILL IN SPACES BEFORE USING ATTACHMENTS  STREET Address 3306 WEST SHORE ROAD  State RI  State RI  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  City WARWICK RI  Street Address  Street Address  Street Address  City City State RI  State  Zip City State RI  Street Address  City City State RI  Street Address  City City State RI  Street Address  City City State RI  TIN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.I.G.L. 7-1 Address  City	2. Exact name of the limited liability company CHE'MARZ SALON, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Island BEAUTY SALON.  City WARWICK RI SS OF LIMITED LIABILITY COMPANY AND NAME RESIDENT AGENT  Contact Title RESIDENT AGENT  City WARWICK RI RESIDENT AGENT  City WARWICK RI RESIDENT AGENT  City WARWICK RI RESIDENT AGENT  State RI RESIDENT AGENT  FILL IN SPACES BEFORE USING ATTACHMENTS  STREET Address  ANTHONY J. MARZILLI  Street Address  Street Addr	

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

146120

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.

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Signature of Authorited Person

CHERYL LAUCKS

Print or Type Name of Authorized Person