



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 2009**

**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)(6)) is subject to a penalty fee of \$25.00.

|   |       |   |                         |             |              |
|---|-------|---|-------------------------|-------------|--------------|
| 1. ID No.<br>116917   |       | 2. Exact name of the limited liability company<br>La Lune Salon, LLC  |                         |             |              |
| 3. State of Formation<br>Rhode Island   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Beauty Salon |                         |             |              |
| 5. Principal office address<br>Ocean State Plaza, 361 Reservoir Avenue  |       |   | City<br>Providence      | State<br>RI | Zip<br>02907 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                         |             |              |
| Contact Name<br>Kanthouen Chhouey   |       |   | Contact Title<br>Member |             |              |
| Street Address<br>192 Midwood Street  |       |   | City<br>Cranston        | State<br>RI | Zip<br>02910 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>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<br>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                                   |       |   |                         |             |              |

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

116917

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.

Kanthouen Chhouey 10/07/09  
Signature of Authorized Person Date

Kanthouen Chhouey, Member  
Print or Type Name of Authorized Person

|                                 |              |
|---------------------------------|--------------|
| File Date                       | <b>FILED</b> |
| Check No.                       | OCT 14 2009  |
| By:                             | <u>2004</u>  |
| FOR SECRETARY OF STATE USE ONLY |              |