



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. VF8181		2. Exact name of the limited liability company PRIMA DENNA, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island BEAUTY SALON	
5. Principal office address 2928 POST ROAD		City WARWICK	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Deana Prata		Contact Title Owner	Zip 02886
Street Address 2928 POST ROAD		City WARWICK	State RI
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) ☐		Zip 02886	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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			

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 DEC 24 AM 11:14

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

11/14

File Date	FILED
Check No.	DEC 24 2009
By:	106885
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.

Deana Prata 12.22.09
Signature of Authorized Person Date
Deana Prata
Print or Type Name of Authorized Person