



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.<br>000153592  |       | 2. Exact name of the limited liability company<br>Oceana Styling Salon, LLC  |      |                        |             |              |  |
| 3. State of Formation<br>RI   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Styling Salon |      |                        |             |              |  |
| 5. Principal office address<br>606 East Main Rd.  |       |  |      | City<br>Middletown     | State<br>RI | Zip<br>02842 |  |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |      |                        |             |              |  |
| Contact Name<br>Thanh-Tam Nguyen Wilke  |       |  |      | Contact Title<br>Owner |             |              |  |
| Street Address<br>606 East Main Rd.   |       |  |      | City<br>Middletown     | State<br>RI | Zip<br>02842 |  |
| <b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |      |                        |             |              |  |
| Manager Name<br>Same as above   |       |  |      | 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         |              |  |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |      |                        |             |              |  |
| 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**  
JUL 18 2011  
By 148624  
DS

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

**000153592**

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
**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.

[Signature] 7/14/11  
Signature of Authorized Person Date  
Owner  
Print or Type Name of Authorized Person