



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 2011

**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>162504   |             | 2. Exact name of the limited liability company<br>THERAPY BEAUTY BAR, 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>SALON / SPA |   |              |              |
| 5. Principal office address<br>297 THAYER STREET  |             | City<br>PROVIDENCE   | State<br>RI                             | Zip<br>02906 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |  |   |              |              |
| Contact Name<br>ABBY BACKLUND   |             |  | Contact Title<br>PARTNER                |              |              |
| Street Address<br>297 THAYER STREET   |             | City<br>PROVIDENCE   | State<br>RI                             | Zip<br>02906 |              |
| 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<br>ABBY BACKLUND   |             |  | Manager Name<br>JANICE BACKLUND         |              |              |
| Street Address<br>95 LORIMER AVE  |             |  | Street Address<br>1148 CEDARWOOD CIRCLE |              |              |
| City<br>PROVIDENCE  | State<br>RI | Zip<br>02906   | City<br>NORTH DIGHTON                   | State<br>MA  | Zip<br>02715 |
| 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).

162504  
FILED

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 of Authorized Person

9/27/11  
Date

ABBY BACKLUND

Print or Type Name of Authorized Person

|                                 |             |
|---------------------------------|-------------|
| File Date                       | SEP 29 2011 |
| Check No.                       | 9V 5390     |
| By:                             |             |
| FOR SECRETARY OF STATE USE ONLY |             |