

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. 145832	1	act name of the limited liability company LA VITA SALON, LLC					
3. State of Formation RHODE ISLAND	4. Brief descripti		iness which is actually conducted in a	s which is actually conducted in Rhode Island			
5. Principal office address 26 High Street			Gity Westerly	State RI	<i>Z</i> φ 02891		
6. MAILING ADDRE Contact Name Maria Allen	SS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTA Contact Title Manager	CT PERSON			
Street Address 26 High Street			City Westerly	State RI	^{Zip} 02891		
7. NAME AND ADDI Manager Name Maria Allen			LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BO) Manager Name				
Street Address 26 High Street			Street Address				
City Westerly	State RI	<i>Ζψ</i> 02891	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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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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Maria Allen

Print or Type Name of Authorized Person

Form 632 Rev. 08/08