

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 543309 | | 2. Exact name of the limited liability company Scizzors Hair Salon, LLC | | | | | |
|--|-----------------------|---|--|---------------------|---------------------|--|--|
| 3. State of Formation | | Brief description of the character of business conducted in Rhode Island Hair salon | | | | | |
| 5. Principal office address 3600 Post Road | | | City Warwick | State RI | Zip 02886 | | |
| 6. MAILING ADDRESS © Contact Name Denise Barra | F.LIMITED LIABILI | TY COMPANY AND | NAME OR TITLE OF CONTACT Contact Title Owner | PERSON | | | |
| Street Address 3600 Post Road | | | City Warwick | State R I | Zip 02886 | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD | RESSES) OF THE | LIMITED LIABILITY COMPANY, | IF APPLICABLE - DO | NOT LIST MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | treet 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 R | | | | | | | |
| This information is currer | ntly of record in the | Office of the Secr | etary of State. Changes require | filing Form 642. | | | |

| File Date | FILED | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, | | |
|---------------------------------|--------------|--|-----------|--|
| Check No | AUG 2 2 2012 | and that all statements contained herein are tru | S-21-20/2 | |
| By: | 1275 | Signature of Authorized Person | Date | |
| FOR SECRETARY OF STATE USE ONLY | | Dénise Barra | | |
| | | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012