



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.		2. Exact name of the limited liability company <b>MAJOR LEAGUE STYLES</b>			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island <b>UNISEX SALON</b>			
5. Principal office address <b>703 WARWICK AVE</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>NELSON AMORIM</b>		Contact Title			
Street Address <b>54 CYPRESS RD</b>		City <b>ATHEBORO</b>	State <b>MASS</b>	Zip <b>02703</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT)</b>					
Manager Name		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 Form 642.					

**FILED**

**JAN 22 2013**

BY gmd  
29-188006

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 DIVISION OF BUSINESS SERVICES

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.

Nelson Amorim  
 Signature of Authorized Person Date \_\_\_\_\_  
Nelson Amorim  
 Print or Type Name of Authorized Person