



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. <u>000157881</u>		2. Exact name of the limited liability company <u>Rebecca's Salon + Day Spa, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Salon + Spa</u>			
5. Principal office address <u>705 S. Canal + Trail</u>		City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>Rebecca Balon</u>		Contact Title <u>owner/manager</u>			
Street Address <u>705 S. Canal + Trail</u>		City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>[REDACTED]</u>		Manager Name			
Street Address <u>[REDACTED]</u>		Street Address			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip <u>[REDACTED]</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

JAN 24 2013

BY

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

File Date

Check No

By:

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