



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 2010

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.<br><u>101172</u>   |                    | 2. Exact name of the limited liability company<br><u>Seahorse Sensations LLC</u>                 |                    |                     |     |
| 3. State of Formation<br><u>Rhode Island</u>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Hair Salon</u> |                    |                     |     |
| 5. Principal office address<br><u>14A Pier Market Place</u>   |                    | City<br><u>Narragansett</u>  | State<br><u>RI</u> | Zip<br><u>02882</u> |     |
| Contact Name<br><u>Dennis Santos</u>  |                    | Contact Title<br><u>Owner/Manager</u>  |                    |                     |     |
| Street Address<br><u>14A Pier Market Place</u>  |                    | City<br><u>Narragansett</u>  | State<br><u>RI</u> | Zip<br><u>02882</u> |     |
| Manager Name<br><u>Dennis Santos</u>  |                    | Manager Name   |                    |                     |     |
| Street Address<br><u>14A Pier Market Place</u>  |                    | Street Address   |                    |                     |     |
| City<br><u>Narragansett</u>   | State<br><u>RI</u> | Zip<br><u>02882</u>  | City               | State               | Zip |
| Manager Name  |                    | Manager Name   |                    |                     |     |
| Street Address  |                    | Street Address   |                    |                     |     |
| City  | State              | Zip  | City               | State               | Zip |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |                    |  |                    |                     |     |

FILED 1231

FEB 07 2013

BY 02189490

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.

Dennis Santos  
Signature of Authorized Person

Date

Dennis Santos  
Print or Type Name of Authorized Person