



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 2013

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>542534</u>		2. Exact name of the limited liability company <u>Spalon LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Salon / Retail Spg</u>			
5. Principal office address <u>770 Aquidneck Ave</u>		City <u>Middletown</u>		State <u>RI</u>	Zip <u>02841</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>April Rodenick</u>		Contact Title <u>Owner</u>			
Street Address <u>770 Aquidneck Ave</u>		City <u>Middletown</u>		State <u>RI</u>	Zip <u>02842</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u> </u>		Manager Name <u> </u>			
Street Address <u> </u>		Street Address <u> </u>			
City <u> </u>	State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>
Manager Name <u> </u>		Manager Name <u> </u>			
Street Address <u> </u>		Street Address <u> </u>			
City <u> </u>	State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>
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

SEP 13 2013

By *mne*
CA #1331

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.

April Rodenick 9/11/13
Signature of Authorized Person Date

Print or Type Name of Authorized Person