



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. ID No. 000795195

2. Exact Name of the Limited Liability Company SALON PS RHODE ISLAND LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Staff and service salons in assisted living facilities.

5. Principal Office Address

No. and Street: 55 PUBLIC SQUARE
SUITE 1180

City or Town: CLEVELAND State: OH Zip: 44113 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: RANAE LEWIS Contact Title: FINANCIAL CONTROLLER

No. and Street: 55 PUBLIC SQUARE
SUITE 1180

City or Town: CLEVELAND State: OH Zip: 44113 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOHN POLATZ	15 1/2 NORTH FRANKLIN STREET CHAGRIN FALLS, OH 44022 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of January, 2014 at 10:57:15 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RANAE LEWIS
Signature of Authorized Person

Form No. 632
Revised 09/07