

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

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.

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1. Entity ID No. 2. Exact name of the limited liability com			bility company	· · · · · · · · · · · · · · · · · · ·		
148075	Simp	ly BEAUT	IFUL SALOW, L	LC		
3. State of Formation	4. Brief des	cription of the chara	acter of business conducted in Rho	ode Island		
RHODE ISLA	aro B	SEAUTY S	Alor & Skir CA	RE		
5. Principal office address		*	City	State	Zip	
	NG TRAIL		SHITHFIELD	\mathcal{K}	02917	
6. MAILING ADDRESS OF	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name			Contact Title	Contact Title		
FILOMENA BOVA			Owre	OWNER / MAYAGER City Smithfield RI Zip C2917		
Street Address			City	State	Zip	
2 REDWING Trail			> Mith fiel	0 KI	02917	
7. LIST <u>ALL</u> MANAGERS	(NAMES AND ADI	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
LA POATORAHAGI	HMENT)					
Manager Name	M/A		Manager Name		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Monagan			
			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State		
		\F) ony	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	trocking we street ha	STREET PROPERTY AND A STREET			
This information is curren	itly of record in the	Office of the Sec	retary of State. Changes require	filing Form 642		
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FILED

OCT 0 7 2014

File Date Check No	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.		
By:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	FIOMENA BONA		

Form No. 632 Revised: 01/2012