

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 142580	2. Exact nan The Acad	2. Exact name of the limited liability company The Academy of Hairdressing, LLC				
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Operating of Beauty and Hairdressing Academy					
5. Principal office address 20 Sharpe Drive			City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF Contact Name Geraldine A. DiPaolo		Y COMPANY AND	NAME OR TITLE OF CONTACT Contact Title	PERSON:		
Street Address 20 Sharpe Drive			City Cranston	State RI	Zip 02920	
7, LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R						
This information is curren	tly of record in th	e Office of the Sec	retary of State. Changes require	e filing Form 642.		

FILED

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	Under penalty of perjury, I declare and affirm the	t I have examined
File Date	this report, including any accompanying seneral and that all statements contenned have in are frue	les and statements, 📗
Check No	July 1) 9// X /(9
Ву:	Signature of Authorized Person Geraldine DiPaolo	Date / /
TOD OF OPETADY OF STATE LICE ONLY		

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012