



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 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.

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1. Entity ID No. 116917		2. Exact name of the limited liability company La Lune Salon, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Beauty Salon Business			
5. Principal office address 361 Reservoir Avenue		City Providence		State RI	Zip 02920
Contact Name Sopheap Pen		Contact Title Member			
Street Address 944 Cranston Street		City Cranston		State RI	Zip 02920
7. List all managers, officers, and directors of this corporation, if applicable. ☐					
Manager Name Sophorn Prum		Manager Name Sophors Pen			
Street Address 944 Cranston Street		Street Address 203 Early Street			
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02907
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.

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By 2360611
A.H.



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.

Sopheap Pen 10/09/14
Signature of Authorized Person Date

Sopheap Pen, Member
Print or Type Name of Authorized Person