St St	ate of Rhode Island a Office of the S			ions Fee: \$50.00
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
HOPE	(401) 222-3040			
Limited Liability Comp Annual Report Filing Period: September 1 -	November 1	1114	6-11: 	
	7-16-66(d), each limited liabl h thirty (30) days after the tin henalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2015</u>			
1. ID No. <u>000797816</u>				
2. Exact Name of the Limited Liability Company Salon KG LLC				
3. State of Formation				
State: <u>RI</u>				
Beauty Salon offering hair 5. Principal Office Addres				
No. and Street: 214	4 BROAD ST.			
		tate: RI	Zip: 02905	Country: <u>USA</u>
Contact Name: <u>KEVIN G</u> No. and Street: <u>214</u>	4 BROAD ST.	/NER		
City or Town: <u>CRA</u>	A <u>NSTON</u> St	ate: <u>RI</u>	Zip: <u>02905</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limi S	ted Liabilit	ty Company, if A	pplicable.
Title Individual Name			Address	
	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country	
Changes Require Filing	HODE ISLAND - DO NOT A of Form 642 - R.I.G.L. 7-1	6-11		
KEVIN GREENE 17 PIN	EWOOD AVE JOHNSTON	<u>I, RI 0291</u>	<u>9</u>	
9. This report must be ex	ecuted by an authorized p	person pur	suant to R.I.G.L.	7-16-66 (b).

Signed this 26 Day of October, 2015 at 2:59:55 PM 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 <u>KEVIN GREENE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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