



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 **2015**

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. <b>134699</b>		2. Exact name of the limited liability company <b>JON RICHARD SALON, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>BEAUTY SALON</b>			
5. Principal office address <b>956 PARK AVE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>RICHARD LATORELLA</b>		Contact Title <b>PRESIDENT</b>			
Street Address <b>956 PARK AVE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	
<b>7 LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS        "X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name <i>Richard Latorella</i>		Manager Name			
Street Address <i>956 Park Ave</i>		Street Address			
City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02910</i>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

FEB 01 2016

BY *DC*

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that the statements contained herein are true and correct.

*DC* \_\_\_\_\_ **12/28/2015**  
 Signature of Authorized Person Date  
**DAVID CORSI, EA as agent**  
 Print or Type Name of Authorized Person