| State of Rhode Island and Providence Plantations Fee: \$5<br>Office of the Secretary of State  |                             |                               |                                |
|--|-----------------------------|-------------------------------|--------------------------------|
| Division Of Business Services  |                             |                               |                                |
| 148 W. River Street  |                             |                               |                                |
| Providence RI 02904-2615   |                             |                               |                                |
| (401) 222-3040   |                             |                               |                                |
| Limited Liability Company  |                             |                               |                                |
| Annual Report  |                             |                               |                                |
| Filing Period: September 1 - November 1  |                             |                               |                                |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing   |                             |                               |                                |
| to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-  |                             |                               |                                |
| 16-66(b&c)) is subject to a penalty fee of \$25.00.  |                             |                               |                                |
| ANNUAL REPORT YEAR: 2015   |                             |                               |                                |
| 1. ID No. <u>000901648</u>   |                             |                               |                                |
| 2. Exact Name of the Limited Liability Company Jaclynn Kate Hair & Makeup Artistry LLC   |                             |                               |                                |
| 3. State of Formation  |                             |                               |                                |
|  |                             |                               |                                |
| State: <u>RI</u>   |                             |                               |                                |
| Salon providing hair coloring, hair cutting, hair extensions, hair straightening, nail services, eyelash extensions and makeup applications. |                             |                               |                                |
| 5. Principal Office Address  |                             |                               |                                |
|  |                             |                               |                                |
| No. and Street: <u>7412 POST RD</u>  |                             |                               |                                |
| City or Town: <u>NOI</u>   | <u>RTH KINGSTOWN</u> State  | : <u>RI</u> Zip: <u>02852</u> | Country: <u>USA</u>            |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |                             |                               |                                |
| Contact Name: JACLYNN K BARRY Contact Title: OWNER   |                             |                               |                                |
| No. and Street: 77 MARLBOROUGH ST  |                             |                               |                                |
|  | <u>r GREENWICH</u> State    | : <u>RI</u> Zip: <u>02852</u> | Country: <u>USA</u>            |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS                                  |                             |                               |                                |
| Title  | Individual Name             | Add                           | ress                           |
|  | First, Middle, Last, Suffix | Address, City or Town, S      | State, Zip Code, Country       |
| MANAGER  | JACLYNN K BARRY             | 77 MARL<br>EAST GREENWIC      | BOROUGH ST<br>:H, RI 02818 USA |
|  |                             |                               |                                |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER   |                             |                               |                                |
| Changes Require Filing of Form 642 - R.I.G.L. 7-16-11  |                             |                               |                                |
| JACLYNN KATE BARRY 89 OVERLOOK DRIVE EAST GREENWICH, RI 02818  |                             |                               |                                |

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 5 Day of April, 2016 at 5:34:48 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 JACLYNN KATE BARRY

Signature of Authorized Person

Form No. 632 Revised 09/07

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