



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2012
 Limited Liability Company

2016 SEP -5 AM 11:10

2016 JUN 27 PM 12:56

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 159736		2. Exact name of the Limited Liability Company PRIMA DEANA, LLC					
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island HAIR SALON					
5. Principal Office Address 2928 POST ROAD				City WARWICK		State R.I.	Zip 02886
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name DEANA SACCOCCIA				Contact Title PRESIDENT			
Street Address 2928 POST ROAD				City WARWICK		State R.I.	Zip 02886
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City		State	City		State	Zip	
Manager Name			Manager Name				
Street Address			Street Address				
City		State	City		State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>							
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person MARY T. SHEPHERD					Date 6/23/16		
Signature of Authorized Person <i>Mary T. Shepherd</i> SIGN DOCUMENT HERE							

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY an 282809
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