

State of Rhode Island and Providence Plantations

Department of State - Business Services Division (AED SECRETARY OF STATE CORRECTED ON DIV

Annual Report for the year: **Limited Liability Company**

2016 SEP - 5 AM 11: 10

2016 .1011 27 PM 12: 51

→ 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 | 2. Exact name | 2. Exact name of the Limited Liability Company | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------|-------------------------|------------|-----------|--|
| 159736 | l · · · · · · | | | | | |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| R.T. | HAIR SALOW | | | | | |
| 5. Principal Office Address | | | City | State | Zip | |
| 2928 POST | ROAD | | WARWICK | RIT | 02886 | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| DSANA SACCOCCIA | | | Contact Title PRESIDENT | | | |
| Street Address 2928 POST ROAD | | | City ARWICK | State R.T. | 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 | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 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 Date | | | | | | |
| MARY T. SHEPHERD | | | | 6/23/ | 16 | |
| Signature of Authorized Person The Sign DOCUMENT HERE | | | | | | |
| | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JEH UU ZUID

FORM 632 - Revised: 05/2016