



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 **2016**

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. 793385		2. Exact name of the limited liability company finity Salon, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Beauty Salon - hair and waxing - no massage nor nails			
5. Principal office address 951 Victory Highway		City North Smithfield		State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kelly Pattie		Contact Title Manager			
Street Address 951 Victory Highway		City North Smithfield		State RI	Zip 02896
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"/>					
Manager Name Kelly Pattie		Manager Name			
Street Address 951 Victory Highway		Street Address			
City North Smithfield	State RI	Zip 02896	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 06 2016

By 1222

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.

Kelly Pattie
Signature of Authorized Person

2/27/16
Date

Kelly Pattie

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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