



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

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: 2016

1. ID No. 001038465

2. Exact Name of the Limited Liability Company The Cutting Edge Family Hair Studio LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 81

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FAMILY HAIR SALON-PERFORMING FAMILY HAIR CARE-INCLUDING CUTTING,STYLING,TINTING, COLORING,AND REPAIRING OF DAMAGE HAIR

5. Principal Office Address

No. and Street: 1661 LONSDALE AVENUE
City or Town: LINCOLN State: RI Zip: 02865 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: THE CUTTTING EDGE FAMILY HAIR STUDIO LLC Contact Title: KRISTEN GORDON
No. and Street: 1497 POST
City or Town: WARWICK State: RI Zip: 02888 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KRISTEN GORDON	206 NATE WHIPPLE HIGHWAY CUMBERLAND , RI 02864 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOSEPH R. SLINEY 1497 POST ROAD WARWICK , RI 02888

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

Signed this 9 Day of September, 2016 at 12:52:53 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 JOSEPH R SLINEY
Signature of Authorized Person

Form No. 632
Revised 09/07

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