



Annual Report for the year: 2016
Limited Liability Company

- 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 <u>1315738</u>		2. Exact name of the Limited Liability Company <u>LAVISH SALON, LLC</u>			
3. NAICS Code <u>812112</u>		4. Brief description of the character of business conducted in Rhode Island <u>Hair Salon, we offer haircoloring, cutting extensions, facial waxing, eyelash extensions.</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>193 Dean St.</u>		City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02903</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Alisha Rodrigues</u>			Contact Title <u>owner</u>		
Street Address <u>193 Dean St.</u>		City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02903</u>	
8. 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 <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <u>Alisha Rodrigues</u>				Date <u>9.7.16</u>	
Signature of Authorized Person <u>Alisha Rodrigues</u>					

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

FILED
 SEP 12 2016
 BY 1424585 DS