

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

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.

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1. Entity ID Number	2 Event non	مم مخطم السندم ال	- Lilita Comen and	*.**	·-			
1. Entity ID Number	2. Exact name of the Limited Liability Company							
346851	Elegancia & Estilo Beauty Salon, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
62								
5. State of Formation								
RJ Khode Island Hair Dressing								
6. Principal Office Address	Λ		City	State	Zip			
1102 Broa	d ST		trovidence	KI	20960			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name	ar		Contact Title OW her					
Street Address   300  -am & down	ST		City Providence	State	Zip CD-Q 04			
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	7in	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
			Che	eck the box to indi	cate an attachment			
9. Resident Agent in Rhode Island. This information is currently of record with 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						
Signature of Authorized Person								

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

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By \$ 283318