Department of	State - Bus	siness Servi	ices Division	_		
Annual Report for the Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	er 1 - Novemb	per 1	ecember 1.	_		
1. Entity ID Number	2. Exact name of the Limited Liability Company					
584766	SANDY'S BEAUTY CHALET LLC					
3. NAICS Code 8/	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation $\mathcal{R}.\mathcal{I}.$	HAIR DRESSING					
6. Principal Office Address 40 LEIGHAS LANE			City COVENTRY	State R. Z.	Zip 02816	
7. Mailing Address of Limited Li	ability Compar	ny and Name or ⁻	Title of Contact Person		······································	
Contact Name SANDRA MONTIGNY			Contact Title			
Street Address LEIGHAS LANE			CityCOVENTRY	State I.	I I	
	nd addresses	of the Limited Li	iability Company, IF APPLICABLE -	DO NOT LIST N	IEMBERS	
Manager Name			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	
			Ch	eck the box to in	dicate an attachment	
Resident Agent in Rhode Islan	nd. This informa	tion is currently of	record with the Department of State. Ch	anges require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affin	m that I have ex	amined this report, including any	accompanying	schedules and	

MAIL TO:

Division of Business Services

Name of Authorized Person

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

SANDRA MONTIGNY
Signature of Authorized Person

Mortigny

State or Rhode Island and Providence Plantations

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



BY_ 2243 DS

9-16-16