



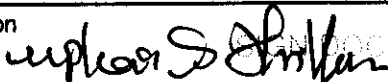
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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2016 SEP 20 AM 9:16

**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<br><b>936459</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>SUKHY'S THREADING #5 LLC</b>                       |                                |                        |                                        |
| 3. NAICS Code<br>81 - Other Services (except Pub                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>BEAUTY SALON 8110</b> |                                |                        |                                        |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                         |                                |                        |                                        |
| 6. Principal Office Address<br><b>213 GODDARD ROW BRICK MARKET PLACE</b>                                                                                                                                    |       | City<br><b>NEWPORT</b>                                                                                  |                                | State<br><b>RI</b>     | Zip<br><b>02840</b>                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                         |                                |                        |                                        |
| Contact Name<br><b>UPKAR DHILLON</b>                                                                                                                                                                        |       |                                                                                                         | Contact Title<br><b>MEMBER</b> |                        |                                        |
| Street Address<br><b>17 FESSENDEN RD</b>                                                                                                                                                                    |       |                                                                                                         | City<br><b>BARRINGTON</b>      |                        | State<br><b>RI</b> Zip<br><b>02806</b> |
| 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.                                                                   |       |                                                                                                         |                                |                        |                                        |
| <b>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.</b> |       |                                                                                                         |                                |                        |                                        |
| Name of Authorized Person<br><b>UPKAR DHILLON</b>                                                                                                                                                           |       |                                                                                                         |                                | Date<br><b>9/20/16</b> |                                        |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                         |                                |                        |                                        |

**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 20 2016

By 283888  
**A.A.**