	State of Rhode Island and Providence Plantations	Fee: \$50.0
	Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HODE	(401) 222-3040	
HOPE		
Limited Liability Co	ompany	
Annual Report Filing Period: Septembe	or 1 November 1	
rilling Period. Septembe	er i - November i	
	G.L. 7-16-66(d), each limited liability company failing or refusing	
	within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
10-00(D&C)) IS SUDJECT to	o a penalty fee of \$25.00.	
ANNUAL REPORT YE	AR : <u>2016</u>	
1. ID No. <u>000562</u>	2722	
2. Exact Name of the	e Limited Liability Company <u>FAIRY NAIL AND SPA LLC</u>	
3. State of Formation	n	
State: <u>RI</u>		
Using the following NA	ARTICLE III	
Using the following NA		
NAICS Code	ICS codes, please select the code that best describes your business. $\underline{6}$	hode Island
NAICS Code	ICS codes, please select the code that best describes your business.	hode Island
NAICS Code	ICS codes, please select the code that best describes your business. $\underline{6}$	hode Island
NAICS Code 4. Brief Description o	ICS codes, please select the code that best describes your business. $\underline{6}$	hode Island
NAICS Code 4. Brief Description o NAIL SALON	AICS codes, please select the code that best describes your business.	hode Island
NAICS Code	AICS codes, please select the code that best describes your business.	hode Island
NAICS Code 4. Brief Description of NAIL SALON 5. Principal Office Ad	AICS codes, please select the code that best describes your business.	hode Island
NAICS Code 4. Brief Description o NAIL SALON 5. Principal Office Ad No. and Street:	AICS codes, please select the code that best describes your business.	
NAICS Code 4. Brief Description or NAIL SALON 5. Principal Office Ad No. and Street: 650 City or Town: CR 4	AICS codes, please select the code that best describes your business.	Country: <u>USA</u>
NAICS Code 4. Brief Description o NAIL SALON 5. Principal Office Ad No. and Street: 650 City or Town: CRA 6. Mailing Address of	ICS codes, please select the code that best describes your business.	Country: <u>USA</u>
NAICS Code 4. Brief Description of NAIL SALON 5. Principal Office Ad No. and Street: 650 City or Town: CRA 6. Mailing Address of Contact Name: Contact	AICS codes, please select the code that best describes your business. 81 of the Character of the Business Which is Actually Conducted in R Idress OAKLAWN AVENUE, UNIT C ANSTON State: RI Zip: 02920 C f Limited Liability Company and Name or Title of Contact Person: act Title:	Country: <u>USA</u>
NAICS Code 4. Brief Description of MAIL SALON 5. Principal Office Ad No. and Street: 650 City or Town: CRA 6. Mailing Address of Contact Name: Contact No. and Street: 6	AICS codes, please select the code that best describes your business.	Country: <u>USA</u>
NAICS Code 4. Brief Description or NAIL SALON 5. Principal Office Ad No. and Street: 650 City or Town: CRA 6. Mailing Address of Contact Name: Contact No. and Street: 6	AICS codes, please select the code that best describes your business.	Country: <u>USA</u>
NAICS Code 4. Brief Description of NAIL SALON 5. Principal Office Ad No. and Street: 650 City or Town: CR/ 6. Mailing Address of Contact Name: Contact No. and Street: 6 Contact Name: Contact No. and Street: 6 City or Town: C	ICS codes, please select the code that best describes your business. 6 81 of the Character of the Business Which is Actually Conducted in R Idress OAKLAWN AVENUE, UNIT C ANSTON State: RI It inited Liability Company and Name or Title of Contact Person: act Title: 50 OAKLAWN AVE CRANSTON State: RI s of Each Manager of the Limited Liability Company, if Applicable	Country: <u>USA</u>
NAICS Code 4. Brief Description of NAIL SALON 5. Principal Office Ad No. and Street: 650 City or Town: CRA 6. Mailing Address of Contact Name: Contact No. and Street: 6 Contact Name: Contact No. and Street: 6 City or Town: C No. and Street: 6 City or Town: C Town: C 7. Name and Address	ICS codes, please select the code that best describes your business. 6 81 of the Character of the Business Which is Actually Conducted in R Idress OAKLAWN AVENUE, UNIT C ANSTON State: RI Zip: 02920 C f Limited Liability Company and Name or Title of Contact Person: act Title: 50 OAKLAWN AVE CRANSTON State: RI Zip: 02920 Cours s of Each Manager of the Limited Liability Company, if Applicable	Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANY SENG 650 OAKLAWN AVENUE, UNIT C CRANSTON, RI 02920

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

Signed this 21 Day of September, 2016 at 7:36:30 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 DANY SENG

Signature of Authorized Person

Form No. 632 Revised 09/07

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