(I)	State of Rhode Island and Providence Plantations Department of State - Business Services Division	
	l Report for the year: 2016 Liability Company	
	ng 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 000799897	2. Exact name of the Limited Liability Company BEAUTY REST, LLC						
3. NAICS Code 62 - Health Care and Social /			acter of business conducted in Rhode Island				
		NESTHESIOLOGIST					
5. State of Formation							
RHODE ISLAND	1						
6. Principal Office Address			City		State	Zip	
15 LAKEVIEW ROAD			PASCOAG		RI	02859	
7. Mailing Address of Limited Lia		and Name or Title	of Contact Person				
Contact Name CATHERINE LAND	Contact Title MEMBER						
Street Address 15 LAKEVIEW RC	City PASCOAG		State RI	^{Zip} 02859			
8. List ALL managers (names an	d addresses) o	f the Limited Liabi	lity Company, IF APPLI	CABLE - D	O NOT LIST I	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	
		<u> </u>		Chec	k the box to ir	ndicate an attachment	
Resident Agent in Rhode Island	d. This information	n is currently of reco	ord with the Department of				
Under penalty of perjury, I decl statements, and that all stateme	are and affirm	that I have exam	ined this report, includ	ding any a	ccompanying	g schedules and	
Name of Authorized Person		-	Date				
CATHERINE LANNON		9-14-16					
Signature of Authorized Person		SIGNACUL	MENT HERE	9			
		-/a ,	I venine	per	NOT, M		

MAIL TO:

Division of Business Services

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

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

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