State of Rhode Island and Providence Plantations  Department of State - Business Services Division			
Annual Report for the year:  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.			

Entity ID Number	2. Exact	2. Exact name of the Limited Liability Company					
13185\$		CHERYL A. CICCONE, LLC					
3. NAICS Code	4. Brief dr	escription of the	character of business conducted	Lin Phodo Island			
81 - Other Services (except P	HAIR, HE	4. Brief description of the character of business conducted in Rhode Island HAIR, HEALTH AND BEAUTY SERVICE					
5. State of Formation	1						
RHODE ISLAND							
6. Principal Office Address	<del></del>	<del> </del>	City	State			
243 OLNEY ARNOLD ROAD		CRANSTON	RI	Zip <b>02921</b>			
7. Mailing Address of Limited Lial	bility Comp	any and Name c	or Title of Contact Person				
Contact Name CHERYL A. CICCONE		Contact Title MEMBER	Contact Title MEMBER				
Street Address 243 OLNEY ARNOLD ROAD		City CRANSTON	State RI	<sup>Zip</sup> <b>02921</b>			
8. List ALL managers (names an	id addresser	s) of the Limited	Liability Company, IF APPLICAB	3LE - DO NOT LIST	MEMBERS		
Manager Name NONE		Manager Name	Manager Name				
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name		Manager Name					
Street Address		<del></del>	Street Address	Street Address			
0:		Olieet Address	- Carott Addiess				
City	State	Zip	City	State	Zip		
O Desident A service Division Indian				Check the box to ir	ndicate an attachment		
9. Resident Agent in Rhode Island	i. This informa	ation is currently o	of record with the Department of State	e Changes require files	- C 010		
statements, and that all stateme	are and affir	irm that I have e	evenined this report in the live	any accompanyinç	g schedules and		
Name of Authorized Person			100 0110 0011001	Date			
CHERYL A. CICCONE			09/27/20 <sup>-</sup>	<b>J16</b>			
Signature of Authorized Person	Ý -	ma	war war and the				
A CONTRACTOR OF THE PARTY OF TH	MAN	<u>e 1141</u>	Wha				

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 OCT 0 6 2016