

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.

1. Entity ID Number

2. Exact name of the Limited Liability Company

4 E Vis ID Number	2 Evact par	ne of the Limite	ed Liability Company			
1. Entity ID Number		2. Exact name of the Limited Liability Company Archbeauty, LLC				
533050 		•	e	- Phodo Jeland		
State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Skin Care Salon and Boutique					
- Di i i Office Address			City	State	Zip	
5. Principal Office Address 333 Valley Road, Suite 3			Middletown	RI	02842	
•		111	- Title of Contact Person			
6. Mailing Address of Limite		ny and Name o	Contact Title			
Contact Name Sara Schlieff			Allor	a war		
Street Address 333 Valley Road, Suite 3			City Middletown	State RI	^{Zip} 02842	
		a) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST I	MEMBERS	
7. List ALL managers (names and addresses) of the Emitted E. Manager Name			Manager Name	Manager Name		
Manager Name						
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
		<u> </u>		Check the box to	indicate an attachment	
	I laland This inform	nation is currenth	y of record in the Department of State			
8. Resident Agent in Rhod	e island. This infor	firm that I have	e examined this report, including	g any accompanyir	ng schedules and	
Under penalty of perjury statements, and that all	, i ueciare and an statements conta	ined herein ar	e true and correct.			
Name of Authorized Perso				Date	1.	
Sylv	sch	het f		(0)13	116	
Signature of Authorized P			DOCUMENT HERE	,		
	1011/	*				

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 OV OCT 2 4 2016

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