

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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