State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016	
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 928732	Exact name of the Limited Liability Company Blowouts, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pub	Hair salon				
5. State of Formation RI					
6. Principal Office Address	cipal Office Address			State	Zip
10 Acorn Street	Acorn Street			RI	02864
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person	t	
Contact Name Carrie Dodge		Contact Title Member			
Street Address 10 Acorn Street		City Cumberland	State RI	Zip 02864	
8. List ALL managers (names ar	d addresses) o	of the Limited Lia		BLE - DO NOT LIST I	MEMBERS
Manager Name None			Manager Name None		
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
Street Address		Street Address			
City	State	Zip	City	State	Zip
				Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This informati	on is currently of re	cord with the Department of Sta	te. Changes require filin	g Form 642.
Under penalty of perjury, I deci statements, and that all statem				g any accompanyin	g schedules and
Name of Authorized Person				Date	-1
Carrie Dodge, Member	Λ			1 10113	3110
Signature of Authorized Person		SIG N DC	CUMENT HERE		

MAIL TO:

Division of Business Services

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

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

