



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 <b>001335376</b>		2. Exact name of the Limited Liability Company <b>BELIEVE LLC.</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>BEAUTY SUPPLY SALES</b>			
5. Principal Office Address <b>81 READ AVENUE</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>ESTEBAN VELEZ</b>			Contact Title <b>MANAGER</b>		
Street Address <b>81 READ AVENUE</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>ESTEBAN VELEZ</b>			Manager Name <b>MARTA VELASQUEZ</b>		
Street Address <b>81 READ AVENUE</b>			Street Address <b>81 READ AVENUE</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Manager Name <b>LUIS VELEZ</b>			Manager Name <b>SANTIAGO VELEZ</b>		
Street Address <b>81 READ AVENUE</b>			Street Address <b>131 WOODBURY STREET</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Person <b>ESTEBAN VELEZ</b>				Date <b>10/27/2016</b>	
Signature of Authorized Person			SIGN DOCUMENT HERE		

**FILED**

**OCT 31 2016**

By 240 KM

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov