HOUSE

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	2. Exact name of the Limited Liability Company						
1100105	GINAMARIE'S DRYBAR & SALON, LLC.						
3. NAIS Code	4. Brief description of the character of business conducted in Rhode Island						
181	Beauty Scruces						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
1571 Atwood Avenue, Unit 104			Johnston	RI	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Vincenzo Mazza			Contact Title Member				
Street Address 1571 Atwood Avenue, Unit 104		City Johnston	State RI	<sup>Zip</sup> 02919			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Manager			Manager Name	1anager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u> </u>		Ch	eck the box to ind	icate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all statem	lare and affirm nents contained	that I have exam I herein are true	ined this report, including any and correct.	accompanying s	schedules and		
Name of Authorized Person				Date	, i1		
Vincenzo Mazza 7- a					6-16		
Signature of Authorized Person		14 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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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** 

FORM 632 - Revised: 08/2016