



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUSINESS SERVICES DIV.  
2016 NOV 16 PM 2:18

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 117427		2. Exact name of the Limited Liability Company Double Take Hair Studio, LLC			
3. NAICS Code 81 - Other Services (except Pl		4. Brief description of the character of business conducted in Rhode Island TO OPERATE A PROFESSIONAL HAIR CARE SALON			
5. State of Formation RI					
6. Principal Office Address 10 Grove Street		City Lincoln		State RI	Zip 02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Candida M. Freitas			Contact Title Authorized Person		
Street Address 10 Grove Street			City Lincoln		State RI Zip 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager 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
Check the box to indicate an attachment <input type="checkbox"/>					
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 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.					
Name of Authorized Person Candida M. Freitas				Date 10-31-16	
Signature of Authorized Person <i>Candida Freitas</i>				SIGN DOCUMENT 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

FILED

NOV 16 2016

By *R 3015*