| State of Rhode Island and Pro Department of State | vidence Plantations Business Services Division | |
|--|---|--|
| Annual Report for the year: Limited Liability Company | 2016 | |

→ 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 136765 | | 2. Exact name of the Limited Liability Company BEAUTY WALK, LLC | | | | | |
|--|------------------------------------|---|---|---------------------|----------------------|--|--|
| 3. NAICS Code | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 44-45 - Retail Trade | | BEAUTY SUPPLIES AND ACCESSORIES | | | | | |
| 5. State of Formation RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 2 BOWENS WHARF | | | NEWPORT | RI | 02840 | | |
| 7. Mailing Address of Limited I | iability Compar | y and Name or Ti | tle of Contact Person | | | | |
| Contact Name KATHY DWYER | | | Contact Title | | | | |
| Street Address 2 BOWENS WHARF | | | City NEWPORT | State RI | ^{Zip} 02840 | | |
| 8. List ALL managers (names | and addresses) | of the Limited Lia | bility Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS | | |
| Manager Name KATHY DWYER | | | Manager Name | | | | |
| Street Address 2 BOWENS WHARF | | | Street Address | | | | |
| City NEWPORT | State RI | ^{Zip} 02840 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | I | | Check the box to indicate an attachment | | | | |
| Resident Agent in Rhode Island | and. This informa | ition is currently of re | cord with the Department of Sta | | | | |
| Under penalty of perjury, I de statements, and that all state | oclare and affir ements contain | m that I have exa ed herein are tru | mined this report, includin e and correct. | g any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | | | |
| KATHY DWYER | | | | 11-2 | 5-16 | | |
| Signature of Authorized Person | inf | 2 | | | | | |
| | | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 2 8 2016