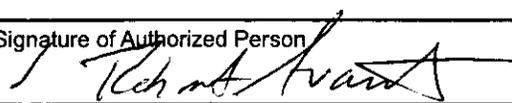




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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>1658177</b>		2. Exact name of the Limited Liability Company <b>ROBERT ANTHONY PLUS LLC</b>			
3. NAICS Code <b>44-45 - Retail Trade</b> <input type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island <b>COSMETOLOGY SERVICES</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>140 POINT JUDITH ROAD</b>			City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>ROBERT AVARISTA</b>			Contact Title <b>MEMBER</b>		
Street Address <b>140 POINT JUDITH ROAD</b>			City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>
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.					
<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>ROBERT AVARISTA</b>				Date	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

**FILED**   
 NOV 28 2016  
 BY 154 FORM 632 - Revised: 08/2016