



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

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 000980377 <i>1D06337</i>	2. Exact Name of the Limited Liability Company Willow Salon and Boutique, LLC
3. The fictitious business name to be used is: Haven Hair and Body	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 02/20/2017 <i>11/12/2014</i>
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.	
Name of Applicant Limited Liability Company Willow Salon and Boutique, LLC	Date 02/20/2017
Signature of Authorized Person <i>[Signature]</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

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BY *44 896548*

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624 LLC - Revised: 06/2016