

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>0790706</u>		2. Exact name of the limited liability company <u>MELISSA MARIE HAIR DESIGN, LLC</u>			
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>TONSORIAL PARLOR</u>			
5. Principal office address <u>912 BROADWAY - UNIT 2</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>MELISSA RESENDES</u>		Contact Title <u>MEMBER</u>			
Street Address <u>912 BROADWAY - UNIT 2</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	
7. LIST ALL MANAGERS NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS. <input type="checkbox"/> (Tick box for attachment)					
Manager Name <u>MELISSA RESENDES</u>		Manager Name			
Street Address		Street Address			
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

FEB 24 2017

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File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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.

MELISSA RESENDES 11/30/2016  
 Signature of Authorized Person Date

MELISSA RESENDES  
 Print or Type Name of Authorized Person