

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. 0790706		2. Exact name of the limited liability company MELISSA MARIE HAIR DESIGN, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TONSORIAL PARLOR			
5. Principal office address 912 BROADWAY - UNIT 2		City EAST PROVIDENCE	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MELISSA RESENDES		Contact Title MEMBER			
Street Address 912 BROADWAY - UNIT 2		City EAST PROVIDENCE	State RI	Zip 02914	
7. LIST ALL MANAGERS' NAMES AND ADDRESSES (OF THE LIMITED LIABILITY COMPANY) IF APPLICABLE. DO NOT LIST MEMBERS. <input type="checkbox"/> (CHECK BOX FOR ATTACHMENT)					
Manager Name S		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
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.


 Signature of Authorized Person Date 11/30/2016

MELISSA RESENDES
 Print or Type Name of Authorized Person