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## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

**Division Of Business Services** 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## **Limited Liability Company Annual Report**

Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 000790263 2. Exact Name of the Limited Liability Company Restoration Salon LLC 3. State of Formation State: RI ARTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code 6 81 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island HAIR SALON 5. Principal Office Address No. and Street: 6 HELEN DRIVE #52 City or Town: Country: USA

**COVENTRY** State: RI Zip: 02816

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DOREEN SIMAO Contact Title: OWNER

6 HELEN DRIVE, #52 No. and Street:

COVENTRY State: RI Zip: 02816 Country: USA City or Town:

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## DOREEN SIMAO 6 HELEN DRIVE, #52 COVENTRY, RI 02816

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of April, 2017 at 12:20:42 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By DOREEN SIMAO

Signature of Authorized Person

Form No. 632 Revised 09/07

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