

Annual Report for the year:

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.

20 17		
		_
APR 24		
\bar{z}	50 000	
2		
+	- 4 1.189 - 57.57	
70	13 Tag	
I	ကတ္ကြာ	
PM 3: 25	7	
**		
2	l±l	
		_

1. Entity ID Number	2. Exact name of the Limited Liability Company							
948106								
1 1010	tadan	n be	auty Dalor	u and	Supplies			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
5. State of Formation	1							
以手	Sal	oη						
6. Principal Office Address			City	State	Zip			
869 Charles St			N providence	RI	02904			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Jamn	reh	-	Contact Title OWNE					
Street Address woodbine St			Dawhuket	State	Zip 02860			
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Žip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Check the box to indicate an attachment								
9. Resident Agent in Rhode Islan	d. This information	n is currently of reco	ord with the Department of State. Cha	nges require filing f	orm 642,			
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.								
Name of Authorized Person Date								
(Jammeh) 4/24/16								
Signature of Authorized Person								
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 **FILED**

APR 2 4 2017

BY KL 30/847

FORM 632 - Revised: 02/2017