RI SOS Filing Number: 201748501970 Date: 8/16/2017 9:04:00 AM

State of Rhode Island and Providence Plantations

| Department of | State - Busi | ness Servic | es Division | | |
|--|---|---------------------------------------|---|--|----------------------------|
| Annual Report for the Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | p any er 1 - Novembe | r 1 | ember 1. | _ | S S VESS DIV |
| | | | | | <u>~</u> |
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 000954596 | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 3. NAICS Code 44-45 5. State of Formation R. F | | | of beauty Supp | | ucts |
| 6. Principal Office Address | | Apt 2 | City | State | Zip |
| 50 Jefferson | AU G | apr o | Pawticket | RI | 02860 |
| 7. Mailing Address of Limited L | | and Name or Tit | le of Contact Person | | |
| Contact Name Hannis | | | Contact Title Our Werk | | |
| Street Address 449 Smith Street | | | City | State R.F | Zip 02908 |
| | | of the Limited Liab | oility Company, IF APPLICABLE - | DO NOT LIST M | |
| Manager Name | | | 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 |
| | | , | | | |
| | <u> </u> | | Ch | neck the box to inc | dicate an attachment |
| 9. Resident Agent in Rhode Isla | nd. This information | on is currently of rec | Ch cord with the Department of State. Ch | | |
| | clare and affirm | that I have exar | cord with the Department of State. Ch | anges require filing | Form 642. |
| Under penalty of perjury, I de | clare and affirm | that I have exar | cord with the Department of State. Ch | anges require filing | Form 642. |
| Under penalty of perjury, I de statements, and that all state | clare and affirm | that I have exar | cord with the Department of State. Ch | nanges require filing / accompanying | Form 642. schedules and |
| Under penalty of perjury, I de statements, and that all state | clare and affirm ments contained | that I have exar d herein are true | cord with the Department of State. Ch | anges require filing / accompanying Date | Form 642. schedules and |

MAIL TO:

X

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 9.0.

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BY CN 3/0347

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