Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
I48 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 November 1 - November 1 Imited Liability Company Filing Period: September 1 - November 1 Intervention of the United 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: 1+66(0k0)) is subject to a penalty fee of \$25:00. ANNUAL REPORT YEAR: 2017 1. ID No. 001665185 2. Exact Name of the Limited Liability Company Three R LLC State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 521900 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COSMETIC CARE FOR WOMEN INCLUDING LASER THERAPY 5. Principal Office Address No. and Street: 166 TOLLGATE ROAD, SUITE B City or Town: WARWICK State: RI Zip: 02886 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>RoBERT SALK Contact Title: MEMBER</u> No. and Street: 1	S S			Fee: \$50.00	
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: 2017 1. ID No. 001665185 2. Exact Name of the Limited Liability Company Three R LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 621900 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COSMETIC CARE FOR WOMEN INCLUDING LASER THERAPY 5. Principal Office Address No. and Street: 166 TOLLGATE ROAD, SUITE B City or Town: WARWICK State: RI Zip: 02886 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ROBERT SALK Contact Title: MEMBER No. and Street: 166 TOLLGATE ROAD SUITE B City or Town: Yap: 02886 Country: USA 7.	HORE	148 W. River Providence RI 02	Street 904-2615		
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DO NOT LIST MEMBERS Title Individual Name Address	City or Town: <u>WARWICK</u> State: <u>RI</u> Zip: <u>02886</u> Country: <u>USA</u>				
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name			
		First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country	
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL G. PERREAULT 1300 DIVISION ROAD, SUITE 205 WEST WARWICK , RI 02893

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

Signed this 27 Day of September, 2017 at 2:59:33 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 <u>ROBERT SALK</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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