RI SOS Filing Number: 201750946730 Date: 10/4/2017 4:00:00 PM



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Annual Report for the year: 2017 **Limited Liability Company** 

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→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 381852	2. Exact name of the Limited Liability Company  Claudina, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812112	Beauty Salon					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
583 Beverage Hill Avenue			Pawtucket	RI	02861	
7. Mailing Address of Limited Lia	ability Compai	ny and Name or				
Contact Name Ana Claudina			Contact Title LLC Member			
Street Address 85 Brightridge Avenue			City East Providence	State RI	<sup>Zip</sup> 02914	
8. List ALL managers (names a	nd addresses	i) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
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>		· · · · · · · · · · · · · · · · · · ·	Check the box to	indicate an attachment	
			of record with the Department of State.			
Under penalty of perjury, I de statements, and that all state	clare and affi ments contai	irm that I have ined herein are	examined this report, including a true and correct.	ny accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Ana Claudina						
Signature of Authorized Person	h	<b>L</b> SIGN	N DOCUMENT HERE			

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov **FILED** 

OCT 04 2017

FORM 632 - Revised: 08/2017