



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

State of Rhode Island

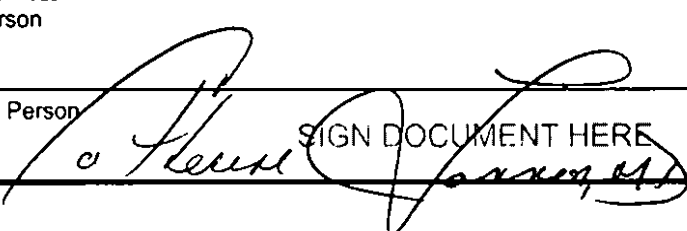
Annual Report for the year: 2017

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.

1. Entity ID Number 000799897		2. Exact name of the Limited Liability Company BEAUTY REST, LLC			
3. NAICS Code 62 - Health Care and Social /		4. Brief description of the character of business conducted in Rhode Island ANESTHESIOLOGIST			
5. State of Formation RHODE ISLAND		02111			
6. Principal Office Address 15 LAKEVIEW ROAD			City PASCOAG	State RI	Zip 02859
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CATHERINE LANNON			Contact Title MEMBER		
Street Address 15 LAKEVIEW ROAD			City PASCOAG	State RI	Zip 02859
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 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 CATHERINE LANNON				Date 09/25/17	
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

OCT 11 2017

BY

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