RI SOS Filing Number: 201751897950 Date: 10/19/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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 1668154  | 2. Exact name of the Limited Liability Company Salon Emporium, LLC       |                     |                                      |                           |                                 |  |
|--|--|---------------------|--------------------------------------|---------------------------|---------------------------------|--|
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                     |                                      |                           |                                 |  |
| 812112   | Beauty Salon   |                     |                                      |                           |                                 |  |
| 5. State of Formation  |  |                     |                                      |                           |                                 |  |
| Rhode Island   |  |                     |                                      |                           |                                 |  |
| 6. Principal Office Address  |  |                     | City                                 | State                     | Zip                             |  |
| 1989A Plainfield Pike  |  |                     | Johnston                             | RI                        | 02919                           |  |
| 7. Mailing Address of Limited Lia                                  | bility Compa   | ny and Name or      |                                      |                           |                                 |  |
| Contact Name Cheryl A. Aceto                                       |  |                     | Contact Title Member                 | Contact Title Member      |                                 |  |
| Street Address 1989A Plainfield Pike                               |  |                     | City Johnston                        | State RI                  | <sup>Z<sub>1</sub>p</sup> 02919 |  |
| 8. List ALL managers (names a                                      | nd addresses   | s) of the Limited   | Liability Company, IF APPLICAL       | BLE - DO NOT LIST         | MEMBERS                         |  |
| Manager Name   |  |                     | Manager Name                         | Manager Name              |                                 |  |
| Street Address   |  |                     | Street Address                       | Street Address            |                                 |  |
| City   | State  | Zıp                 | City                                 | State                     | Zıp                             |  |
| Manager Name   |  |                     | Manager Name                         | Manager Name              |                                 |  |
| Street Address   |  |                     | Street Address                       | Street Address            |                                 |  |
| City   | State  | Zip                 | City                                 | State                     | Zip                             |  |
| <del>"</del>   | 1  |                     | <u> </u>                             | Check the box to          | indicate an attachment          |  |
| 9. Resident Agent in Rhode Isla                                    | nd. This inforn  | nation is currently | of record with the Department of Sta | ate. Changes require fili | ng Form 642.                    |  |
| Under penalty of perjury, I dec<br>statements, and that all states |  |                     |                                      | ng any accompanyin        | g schedules and                 |  |
| Name of Authorized Person  |  |                     |                                      | Date                      |                                 |  |
| Cheryl A. Aceto 10/16/20/  |  |                     |                                      |                           | 6/2017                          |  |
| Signature of Authorized Person                                     | ti   | 8460                | NEX CERTIFIED                        |                           |                                 |  |

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

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FORM 632 - Revised: 08/2017