



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>941682</u>		2. Exact name of the limited liability company <u>Astra Salon, LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>hair, skincare and nail services</u> <u>812112</u>			
5. Principal office address <u>499 Providence St.</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02886</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Jennifer Ferruccio</u>		Contact Title <u>Owner</u>			
Street Address <u>499 Providence St.</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02886</u>
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 19 2017

BY 315285
A.A. 10:24 AM

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 BUS SVCS DIV
 2017 OCT 19 AM 10:23

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By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Jennifer B. Ferruccio 10/16/17
 Signature of Authorized Person Date

Jennifer B. Ferruccio
 Print or Type Name of Authorized Person