



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.

<b>1. Entity ID Number</b> 117427	<b>2. Exact name of the Limited Liability Company</b> Double Take Hair Studio, LLC		
<b>3. NAICS Code</b> 812112	<b>4. Brief description of the character of business conducted in Rhode Island</b> To operate a professional hair care salon		
<b>5. State of Formation</b> RI			
<b>6. Principal Office Address</b> 10 Grove Street	<b>City</b> Lincoln	<b>State</b> RI	<b>Zip</b> 02865
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>			
<b>Contact Name</b> Candida M. Freitas		<b>Contact Title</b> Authorized Person	
<b>Street Address</b> 10 Grove Street		<b>City</b> Lincoln	<b>State</b> RI
		<b>Zip</b> 02865	
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>			
<b>Manager Name</b>		<b>Manager Name</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>
<b>Manager Name</b>		<b>Manager Name</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>
Check the box to indicate an attachment <input type="checkbox"/>			
<b>9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.</b>			
<b>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.</b>			
<b>Name of Authorized Person</b> Candida M. Freitas			<b>Date</b> 10/25/17
<b>Signature of Authorized Person</b> 			

**MAIL TO:**  
**Division of Business Services**  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 NOV 03 2017  
 BY 3063