RI SOS Filing Number: 201876387990 Date: 8/30/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

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

STANGE

Annual Report for the year: 2018
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 <b>001673101</b>		2. Exact name of the Limited Liability Company SALON SERENDIPITY, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
812112	HAIR SAL	HAIR SALON SERVICES				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
52 CEDAR SWAMP ROAD			SMITHFIELD	RI	02917	
7. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person	··		
Contact Name CAROLYN J PARADIS			Contact Title MEMBER			
Street Address 52 CEDAR SWAMP ROAD			City SMITHFIELD	State RI	Zip 02917	
	nes and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island. This inforr	mation is currently	of record with the Department of Sta	te. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanyii	ng schedules and	
Name of Authorized Person	1			Date	1/2-/0	
CAROLYN J PARADIS				ع	121 (18	
Signature of Authorized Per	Gradis	SIG	N DOCUMENT HERE			
			CII	En .		

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 AUG 3 0 2018