Office of the Secretary of State     Division Of Business Services     148 W. River Street     Providence R 102904-2615     (401) 222-3040     Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"     Colspan="2">Colspan="2"     Colspan="2"     Colspan="2"     Colspan="2"     Colspan="2"     Colspan="2"     Colspan="2"     Colspan="2" <td< th=""><th></th><th></th><th></th><th></th></td<>					
148 W. River Street Providence RI 02904-2615 (401) 222-3040     Limited Liability Company Annual Report     Filing Period: September 1 - November 1     In accordance with R.I.G.L. 7-16-68(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&C)) is subject to a penalty fee of \$25.00.     ANNUAL REPORT YEAR: 2018     1. ID No. 001663733     2. Exact Name of the Limited Liability Company Clean Comb Salon, LLC     3. State of Formation State: RI     ARTICLE III     Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.     812199     4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OPERATION OF A SALON     5. Principal Office Address     No. and Street:   610 TEN ROD ROAD City or Town:   Contact Title: No. and Street:   610 TEN ROD ROAD City or Town:   NORTH KINGSTOWN   State: RI   Zip: 02852   Country: USA     6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:     Contact Title: No. and Street:   610 TEN ROD ROAD City or Town:   State: RI	Stat			Fee: \$50.00	
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DO NOT LIST MEMBERS   Title Individual Name Address	City or Town: NORTH	<u>I KINGSTOWN</u> State:	<u>RI</u> Zip: <u>02852</u> Count	try: <u>USA</u>	
		ich Manager of the Limited Liak	bility Company, if Applicable.		
	Title	Individual Name	Address		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country	

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## ANDRE S. DIGOU, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 19 Day of November, 2018 at 4:02:57 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>BETH RUSSELLO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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