



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 2018

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: 001674881		2. Exact name of the limited liability company A. Beautiful You, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Salon services, hair, skin, make up (812112)			
5. Principal office address 207 Goddard Row		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anastasija Nodeau		Contact Title Owner			
Street Address 207 Goddard Row		City Newport	State RI	Zip 02840	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
State		City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
State		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 11:28 am
 MAR 12 2019 **KM**
 BY 164

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 CORPORATIONS DIV
 2019 MAR 12 AM 11:28

File Date _____
 Check No _____
 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.

Anastasija Nodeau 03/08/19
 Signature of Authorized Person Date
ANASTASIJA NADEAU
 Print or Type Name of Authorized Person