s s	State of Rhode Island and Pro Office of the Secreta		<b>IS</b> Fee: \$50.00
	Division Of Business 148 W. River St		
	Providence RI 0290		
	(401) 222-304		
HOPE	(401) 222-30-	10	
Limited Liability Com Annual Report Filing Period: September 1			
<b>°</b> ,	. 7-16-66(d), each limited liability comp	any failing or refusing	
to file its annual report within thirty (30) 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		
<b>1. ID No.</b> <u>00051942</u>	<u>7</u>		
2. Exact Name of the Limited Liability Company <u>ARCHANGELS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	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.			
the list of codes <u>here.</u> Mor	e mornation on <u>NAICS</u> can be found	onine.	
<u>812112</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	d in Rhode Island
PROVIDES COSMETC	DLOGY SERVICES, PMU, EYEBI	ROW THREADING T	RAINING
5. Principal Office Addre	SS		
No. and Street: 23	FOLLETT ROAD		
	ARRAGANSETT State: R	<u>I</u> Zip: <u>02882</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pe	erson:
Contact Name: REKHA	SALW/ Contact Title		
	<u>SALWI</u> Contact Title: FOLLETT ROAD		
	RRAGANSETT State: R	I Zip: <u>02282</u>	Country: USA
, <u>.</u>			······································
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	tate, Zip Code, Country
8. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER		

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

MICHAEL E. SENDLEY, ESQ. 600 PUTNAM PIKE, SUITE 13 GREENVILLE, RI 02828

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

**Signed this 28 Day of May, 2019 at 1:10:32 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>REKHA SALWI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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