

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

I. ID No.	2. Exac	t name of the lim	ited liabilty company				
117427	Doub	puble Take Hair Studio, LLC					
3. State of Formation	л			e business which is actually conduc	ted in Rhode Island		
RHODE ISLAND TO OPERATE A PROFESSIONAL							
Principal office address 188 FRONT ST.			City LINCOLN	State RI	Zi	p)2865-	
6. MAILING A	DDRESS (OF LIMITED	LIABILITY COMP.	ANY AND NAME OR TITL	E OF CONTACT	PERSON:	
Contact Name				Contact Title			
CANDIDA FI	REITAS			.Authorized Me	emper		
Street Address				City	State	Zij	
188 FRONT S	T.			. LINCOLN	RI	0	2865-
<u>-</u> 3 t	7 1 St 1 2 44	FILE IN SI	ACES DEFORE JUSIN	LIMITED LIABILITY CO GATTACHMENTS EXTRO UIRES FILING OF AMENDMEN	X FOR ATT <u>A</u> CHMEN	חַַ⊔	
darager Name				• Manager Name •			
Street Address				• Street Address			
City		State	Zip	*City	State		p
Manager Name		J		*Manager Name			
Street Address				·Street Address			
City		State	Zip	.Ciry	State	Z	p
	GENT IN F	HODE ISLAN	D -DO NOT ALTER- C	hanges require filing o	f Form 642 - R.L.G	.L. 7-16-11	
lgent Name				Address			
GENE M. CA	RLINO, ES	SQ.		410 SOUTH MA	IN STREET	·	
Address			City	City			
				PROVIDENCE		02903-	
<u> </u>							

This report must be signed in ink by an authorized person pursuant to 7-16-66.



117427 DLLC 09/20	(04) 1:14:30 AM
File Date 020	15
Check No.	m
By: 0	
FOR SECRETARY OF STAT	TE 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.

Signature of Authorized Person Date

Candida Freitas

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 117427 Double Take Hair Studio, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO OPERATE A PROFESSIONAL HAIR CARE SALON RHODE ISLAND State Zio 5. Principal office address LINCOLN RI 02865-188 FRONT ST. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title Contact Name .Authorized Member CANDIDA FREITAS State Zip City Street Address LINCOLN RΙ 02865-188 FRONT ST. 7. NAME AND ADDRESS OF EACH MANAGER-OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 •Manager Name Manager Name Street Address Street Address State Zip City State City Manager Name Manager Name Street Address ·Street Address City State City State Zip

City

PROVIDENCE

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11

This report must be signed in ink by an authorized person pursuant to 7-16-66.



117427 D	DLLC 09/22/04 11:14:30 AM
File Date	10/18/09
Check No	177
Ву:	U
FOR SECRET	TARY OF STATE USE ONLY

Agent Name

Address

GENE M. CARLINO, ESQ.

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.

Zip

02903-

Signature of Authorized Person

10/12/04 Date

Candida Freitas

410 SOUTH MAIN STREET

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company

117427	Double Take Hair	Studio, LLC					
3. State of Formation RHODE ISLAND	1 , , , , ,		the business which is actually condu	cted in Rhode Island			
5. Principal office addre 188 FRONT ST.	35		City LINCOLN	State RI	Zip 02865-		
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMP	PANY AND NAME OR TITI	LE OF CONTACT PER	SON:		
Contact Name CANDIDA FREIT	ras		**Contact Title **Authorized Me	ember	· .		
Street Address 188 FRONT ST.			City LINCOLN	State RI	<i>Zip</i> 02865-		
7. NAME AND ADI	FILL IN S	PACES BEFORE USIN	E LIMITED LIABILITY CO NG ATTACHMENTS """ BO QUIRES FILING OF AMENDMEN	OX FOR ATTACHMENT)	**************************************		
Manager Name			• Manager Name	• Manager Name			
Street Address			*Street Address				
City	State	Zip	•City	State	Zip		
Manager Name	. 		Manager Name		J		
Street Address			•Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGEN	T IN RHODE ISLAN	D -DO NOT ALTER- C	Changes require filing o	f Form 642 - R:I.G.L. 7-1	6-11		
Agens Name			Address	Address			
GENE M. CARLINO, ESQ.			410 SOUTH MA	410 SOUTH MAIN STREET			
Address			City	Zip	p		
			PROVIDENCE	0	2903-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date	9.23-03
Check No.	695
<i>Bv</i> :	a
-	LY 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.

Candida Freitas

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 ID No. 2. Exact name of the limited liabilty company 117427 Double Take Hair Studio, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A PROFESSIONAL HAIR CARE SALON. **RHODE ISLAND** 5. Principal office address 188 FRONT STREET LINCOLN RI 02865 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title CANDIDA FREITAS AUTHORIZED MEMBER Street Address 188 FRONT STREET LINCOLN RI 02865 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS CAN BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.C.7-16-12 (a) (2) / 7-16-52 Manager Name • Manager Name Street Address Street Address City State Zip State 7.гр City Manager Name Manager Name Street Address Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address GENE M. CARLINO, ESQ. Address City Zip 410 SOUTH MAIN STREET PROVIDENCE 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date 10.21.02	
Check No. 2328	
By: Ze	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements,
and that all statements contained herein are true and correct.

Signature of Authorized Person

5 10-2-02 Date

CUNTIAG FICITUS
Print or Type Name of Authorized Person