



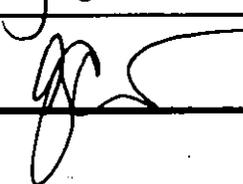
Department of State - Business Services Division

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.

FILED
 MAY 28 2019
 BY 4710 DS

1. Entity ID Number <u>000118256</u>		2. Exact name of the Limited Liability Company <u>New Leaf Salon LLC</u>			
3. NAICS Code <u>812112</u>		4. Brief description of the character of business conducted in Rhode Island <u>hair salon</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>10 State Street</u>			City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Amy Cocchio</u>			Contact Title <u>owner</u>		
Street Address <u>10 State St</u>			City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>n/a</u>			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person <u>Amy Cocchio</u>				Date <u>5/25/19</u>	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov