Si	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet)4-2615	
Limited Liability Com Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2019		
1. ID No. <u>001688124</u>			
2. Exact Name of the Limited Liability Company Salathai LLC.			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
•	ode that best describes the primary information on <u>NAICS</u> can be found		entity. Download
4. Brief Description of the	Character of the Business Whicl	n is Actually Conducted in	Rhode Island
	DITIONAL THAI MASSAGE A		
5. Principal Office Addres	;S		
	VEATHERVANE RD EFIELD Sta	te: <u>RI</u> Zip: <u>02879</u> C	ountry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Perso	n:
No. and Street: 130 W	A SISALAI Contact Title: /EATHERVANE RD EFIELD Sta	te: <u>RI</u> zip: <u>02879</u> C	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State,	Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

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

LEGALINC CORPORATE SERVICES INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 3 Day of September, 2019 at 12:02:16 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>CHAYADA SISALAI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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