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R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division | 2019 SEP -5 P 1: 00

Annual Report for the year: 2019 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
159789	HAT ))C				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812113					
5. State of Formation	1				
RI ROGAL HAILS Salon & Spen					
o. Finicipal Office Address	0	•	City	State	Zip
SI SILVER Spaing ST.		DROVIdence	RP	1206	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name					
MIMI MAI TRUOMO			Contact Title		
Street Address			City,	State	1-:
8. List ALL managers (names and addresses) of the Limited Line.			Lillan Illan	1	D2886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
		Manager Name			
Street Address			Street Address		
Ci.			- Cutering allegs		
City	Stale	Zip	City	State	Zip
Manager Name	<u> </u>	<u> </u>			
			Manager Name		
Street Address			Street Address		
City State 7					
City	State	Zip	City	State	Zip
		<u> </u>			
9. Resident Agent in Rhode Island. This interests in					
3 - Vivided Island, 1013 Intomitation is currently of record with the D					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedulas and statements contained herein are true and correct.					
Name of Authorized Person					
minimum Date					
Signature of Authorized Person					
MUSI MAS TRUCKE					
					<del>- (1</del>

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 05 2019 107