

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.

FIL	E	D	
SEP 1	8	2019	0

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1. Entity ID Number 13185 <i>5</i>		2. Exact name of the Limited Liability Company CHERYL A. CICCONE, LLC.						
3. NAICS Code 4040		Brief description of the character of business conducted in Rhode Island HAIR, HEALTH, AND BEAUTY SERVICE						
5. State of Formation RHODE ISLAND								
6. Principal Office Address 243 OLNEY ARNOLD ROAD			City CRANSTON	State RI	Zip 02921			
7. Mailing Address of Limited	d Liability Compa	iny and Name o	r Title of Contact Person					
Contact Name CHERYL A. CICCONE			Contact Title MEMBER	Contact Title MEMBER				
Street Address 243 OLNEY ARNOLD ROAD			City CRANSTON	State RI	^{Zip} 02921			
8. List ALL managers (name	es and addresses	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS			
Manager Name NONE			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zıp			
	<u> </u>			Check the box to	indicate an attachment			
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of Sta	ite. Changes require fili	ng Form 642.			
Under penalty of perjury, i statements, and that all st	declare and aff	irm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	ng schedules and			
Name of Authorized Person				Date	Date			
CHERYL A. CICCONE				09/10/2	09/10/2019			
Signature of Authorized Per		510 Vber_	windalt (Fig. 17).					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov