

FILED

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.

OCT 0 3 2019	
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1. Entity ID Number 000545290			ed Liability Company				
3. NAICS Code 812112		Brief description of the character of business conducted in Rhode Island Beauty Salon					
5. State of Formation RI							
Principal Office Address 31 Greenwood Lane			City Lincoln	State RI	Zip 02865		
7. Mailing Address of Limite	d Liability Compa	any and Name o					
Contact Name Ajay Seth			Contact Title Member				
Street Address 31 Greenwood Lane			City Lincoln	State RI	Z _{IP} 02865		
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name	•		Manager Name	L			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of S	tate. Changes require file	ng Form 642.		
Under penalty of perjury, statements, and that all st	l declare and afl latements conta	firm that I have ined herein are	examined this report, include true and correct.	ing any accompanyii	ng schedules and		
Name of Authorized Person Ajay Seth				Date /0/1/19			
Signature of Authorized Per	son	اقائمه الم	VDOCOTENT HERE				
	The same of the sa	EL.					

MAIL TO:

Division of Business Services

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

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