



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

OCT 10 2019

BY

4813
[Signature]

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 1662272		2. Exact name of the Limited Liability Company AQUA SALON AND SPA, LLC			
3. NAICS Code 446199		4. Brief description of the character of business conducted in Rhode Island HAIR STYLING AND SPA SERVICES.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 6730 POST ROAD		City NORTH KINGSTOWN	State RI	Zip 02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BRENDA DIMON			Contact Title MANAGER		
Street Address 6730 POST ROAD		City NORTH KINGSTOWN	State RI	Zip 02852	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name BRENDA DIMON		Manager Name VICTORIA DIMON			
Street Address 6730 POST ROAD		Street Address 6730 POST ROAD			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 BRENDA DIMON, MANAGER				Date 10/8/19	
Signature of Authorized Person <i>[Signature]</i>		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov