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

STAMP

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
147255	**Blue Moon Hair Studio, LLC**
3. NAICS Code: **812112**	4. Brief description of the character of business conducted in Rhode Island: **Hair dressing and styling**
5. State of Formation: **RI**	

6. Principal Office Address	City	State	Zip
464 Maple Avenue	**Barrington**	**RI**	**02806**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Susan K. Magee-Costa	**Member**		
Street Address: **464 Maple Avenue**	City: **Barrington**	State: **RI**	Zip: **02806**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name: **NONE**			Manager Name: **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name: **NONE**			Manager Name: **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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	Date
Susan K. Magee-Costa	10.3.19

Signature of Authorized Person: Susan K. Magee-Costa SIGN DOCUMENT HERE

FILED
OCT 10 2019 KM
BY 1514

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov