



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 <b>147255</b>		2. Exact name of the Limited Liability Company <b>Blue Moon Hair Studio, LLC</b>			
3. NAICS Code <b>812112</b>		4. Brief description of the character of business conducted in Rhode Island <b>Hair dressing and styling</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>464 Maple Avenue</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Susan K. Magee-Costa</b>			Contact Title <b>Member</b>		
Street Address <b>464 Maple Avenue</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>NONE</b>			Manager Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name <b>NONE</b>			Manager Name <b>NONE</b>		
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.					
<b>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.</b>					
Name of Authorized Person <b>Susan K. Magee-Costa</b>				Date <b>10.3.19</b>	
Signature of Authorized Person <i>Susan K. Magee-Costa</i> SIGN DOCUMENT HERE					

**FILED**

**OCT 10 2019** *KM*

**BY** 1514

**MAIL TO:**  
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