RI SOS Filing Number: 201924847580 Date: 10/18/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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 SALON SERENDIPITY, LLC						
001673101			<u>.</u>				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island     HAIR SALON SERVICES						
812112							
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
52 CEDAR SWAMP ROAD			SMITHFIELD	RI	02917		
7. Mailing Address of Limited Li		iny and Name or					
Contact Name CAROLYN J PARADIS			Contact Title MEMBER				
Street Address 52 CEDAR SWAMP ROAD			City SMITHFIELD	State RI	Z:p 02917		
8. List ALL managers (names a	and addresse:	s) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS		
Manager Name N/A			Manager Name N/A	Manager Name N/A			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zp		
Manager Name N/A			Manager Name N/A				
Street Address			Street Address				
City	State	Zip	City	State	Ζ.ρ		
			<u> </u>	Check the box to i	nd.cate an attachment		
9. Resident Agent in Rhode Isla	and. This inforn	nation is currently	of record with the Department of Stat	te. Changes require filir	ng Form 642.		
Under penalty of perjury, I de statements, and that all state	clare and aff ments conta	irm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and		
Name of Authorized Person				Date	Date		
CAROLYN J PARADIS				10/03/1	10/03/19		
Signature of Authorized Person	) ona c	Sigi	N DONUMENT FILL	•			
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MAIL TO:

Division of Business Services

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

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

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