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 |
|---|---|
| 1672230 | Betty Beauty Supply & African Market LL |

| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 812112 | Hair, bags, African cloths |

| 5. State of Formation |
|---|
| RI |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 583 Charles St. | Providence | RI | 02904 |

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

| Contact Name | Contact Title |
|---|---|
| Betty beauty Supply | member |

| Street Address | City | State | Zip |
|---|---|---|---|
| 583 charles st. | Prov | RI | 02904 |

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

| Manager Name | | | Manager Name | | |
|---|---|---|---|---|---|
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| 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 |
|---|---|
| Pewu Tulekulaw | 10/22/19 |

Signature of Authorized Person

_Pewu Pate Rulan_   SIGN DOCUMENT HERE

**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**

OCT 22 2019
BY Vyalow

FORM 632 - Revised: 10/2017