



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 1666766 | | 2. Exact name of the Limited Liability Company SG BEAUTY, LLC | | | |
| 3. NAICS Code 446199 | | 4. Brief description of the character of business conducted in Rhode Island Beauty Consultant focused on creating new brands in to market place, hair care, body care and skin care | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 161 Seascape Avenue | | | City Middletown | State RI | Zip 02842 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Sandra Allison Green | | | Contact Title Manager | | |
| Street Address 161 Seascape Avenue | | | City Middletown | State RI | Zip 02842 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Sandra Allison Green | | | Manager Name | | |
| Street Address 161 Seascape Avenue | | | Street Address | | |
| City Middletown | State RI | Zip 02842 | City | State | Zip |
| 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 Sandra Green | | | | Date 11/7/19 | |
| Signature of Authorized Person <i>Sandra Allison Green</i> <small>SIGN DOCUMENT HERE</small> | | | | | |

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MAIL TO:
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