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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CORPORATIONS DIV

2020 JAN 14 PM 1: 06

Annual Report for the year: 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 55 Beaute Och + 800 LLC						
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation						
5. State of Formation						
6. Principal Office Address 55 Welden St.			Pawte	CXOX State	^{Zip} 02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Stephen Blauelsper Contact Tifle Owner 1990						
Street Address 55	Ilde	<u>れも.</u>	MORE	CVol Size	^{zip} 02860	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	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 SAUNEW T. Beaunegy of Signature Shauthorized Person Date 14 0000						
Signature di Authorized Parson Status Black Blac						
· / //		/				

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

JAN 1 4 2020

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FORM 632 - Revised: 10/2017