



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129253		2. Exact name of the limited liability company Hairworks by Lisa LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HAIR SALON			
5. Principal office address 115 Pleasant View Ave		City Smithfield	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LISA A. Germana			Contact Title member		
Street Address 294 Sawmill Road		City N. SCITUATE	State RI	Zip 02857	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name LISA ANN GERMANA			Address		
Address 294 SAWMILL ROAD		City NORTH SCITUATE		Zip 02857-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



129253	
File Date	_____
Check No.	4385
By:	_____
FOR SECRETARY OF STATE USE ONLY	

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.

Lisa A. Germana 8/31/05
Signature of Authorized Person Date
LISA A. GERMANA
Print or Type Name of Authorized Person



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Contact Name LISA A. GERMANA			Contact Title Member		
Street Address		City	State	Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name LISA A. GERMANA (LAW)			Manager Name		
Street Address 115 Pleasant View Ave		Street Address			
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name LISA ANN GERMANA			Address		
Address 294 SAWMILL ROAD		City NORTH SCITUATE	Zip 02857		

C.K. 4203

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 9 2 5 3 *

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.

File Date 12/7/04
Check No. 4203
By: W.
FOR SECRETARY OF STATE USE ONLY

Lisa A. Germana 10/20/04
Signature of Authorized Person Date
LISA A. GERMANA
Print or Type Name of Authorized Person