



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT OF STATE
 BUSINESS DIV

MAR 27 P 2:55

Annual Report for the year: 2020
 Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001686826		2. Exact name of the Corporation LIV STUDIO, LTD.			
3. Principal Office Address 68 TAUNTON AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BEVERLY C. MORRIS			Vice-President Name N/A		
Street Address 280 DODGE STREET			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name BEVERLY C. MORRIS			Treasurer Name BEVERLY C. MORRIS		
Street Address 280 DODGE STREET			Street Address 280 DODGE STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BEVERLY C. MORRIS			Director Name N/A		
Street Address 280 DODGE STREET			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			500 SHARES		COMMON
			PAR VALUE		NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative BEVERLY C. MORRIS					Date 3/24/2020
Signature of Authorized Representative 					

SECRETARY OF STATE

FILED

MAR 27 2020

BY CL 1138
2:55

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov