



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

Annual Report for the year: 2018
Limited Liability Company

- Filing period: Sep
- Filing Fee: \$50.0
- Penalty: Additional

List the entity's ID number. The ID number can be found by looking up your entity in the Corporate Database.

List the name of the LLC. The entity name can be verified through the Corporate Database.

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1. Entity ID Number <input checked="" type="checkbox"/>		2. Exact name of the Limited Liability Company <input checked="" type="checkbox"/>	
920023		Hair Tech LLC	
3. NAICS Code <input checked="" type="checkbox"/>		Complete the six digit NAICS code that describes the primary type of business in which the entity engages. See instructions for further information.	
812112		Hair Salon	
5. State of Formation <input checked="" type="checkbox"/>		List the state under whose laws the company was formed.	
RI		Salon	
6. Principal Office Address <input checked="" type="checkbox"/>		List the address of the principal office for the LLC.	
375 Putnam Pike		Smithfield	
		State RI Zip 02917	
7. Mailing Address of Limited Liability Company and name of contact person <input checked="" type="checkbox"/>		List the name or title and address for the contact person for the LLC.	
Contact Name		Contact Title	
Robin D'Ercole		Owner	
Street Address		City	
12 Cambridge Circle		Smithfield	
		State RI Zip 02917	
8. List ALL managers (names and addresses) of the Limited Liability Company <input checked="" type="checkbox"/>		List the name(s) and address(s) for the managers of the LLC. DO NOT LIST MEMBERS. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.	
Manager Name			
Robin D'Ercole			
Street Address			
12 Cambridge Circle			
City		City	
Smithfield		Smithfield	
State RI		State RI	
Zip 02917		Zip 02917	
Manager Name		Manager Name	
Street Address			
City		City	
State		State	
Zip		Zip	
9. Resident Agent in Rhode Island. This information is currently of record in the Department of State. If you are changing the resident agent, please attach a separate form.			
Under penalty of perjury, I declare and affirm that I have examined this report, its contents, and that all statements contained herein are true and correct. <input checked="" type="checkbox"/>			
Name of Authorized Person		An authorized person MUST sign and date the annual report.	
Robin D'Ercole			
Signature of Authorized Person		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

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MAY 28 2020

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