



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

**Annual Report for the year: 2017**  
**Limited Liability Company**

- Filing period: Sep  
 → Filing Fee: \$50.00  
 → 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"/> 920023		2. Exact name of the Limited Liability Company <input checked="" type="checkbox"/> Hair Tech LLC	
3. NAICS Code <input checked="" type="checkbox"/> 812112		Complete the six digit NAICS code that describes the primary type of business in which the entity engages. See instructions for further information.	
5. State of Formation <input checked="" type="checkbox"/> RI		List the state under whose laws the company was formed.	
6. Principal Office Address <input checked="" type="checkbox"/> 375 PUTNAM PIKE SMITHFIELD		List the address of the principal office for the LLC.	
7. Mailing Address of Limited Liability Company and name of contact person <input checked="" type="checkbox"/> Contact Name: Robin D'Ercole Street Address: 12 Cambridge Circle City: Smithfield State: RI Zip: 02917		List the name or title and address for the contact person for the LLC.	
8. List ALL managers (names and addresses) of the Limited Liability Company <input checked="" type="checkbox"/> Manager Name: Robin D'Ercole Street Address: 12 Cambridge Circle City: Smithfield State: RI Zip: 02917		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.	
9. Resident Agent in Rhode Island. This information is currently of record in the Department of State. <input checked="" type="checkbox"/> Under penalty of perjury, I declare and affirm that I have examined this report, its attachments, and that all statements contained herein are true and correct. <input checked="" type="checkbox"/> Name of Authorized Person: Robin D'Ercole Signature of Authorized Person: [Signature]		The limited liability company's resident agent and resident office is of record in this office. If the resident agent and/or address of the resident agent has changed, see instructions for further information. An authorized person MUST sign and date the annual report.	

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

**FILED**

MAY 28 2020

BY [Signature]