	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>000799932</u>			
2. Exact Name of the Limited Liability Company Bella Dame Salon L.L.C.			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>812112</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
SALON SERVICES, HA	AIR, NAILS, WAXING		
5. Principal Office Addre	SS		
	MENDON ROADMBERLANDState:	<u>RI</u> Zip: <u>02864</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact	Person:
	R DAREZZO Contact Title: <u>OWNE</u> MENDON ROAD	R	
City or Town: <u>CUN</u>	<u>IBERLAND</u> State:	<u>RI</u> Zip: <u>02864</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		dress
	First, Middle, Last, Suffix	Address, City of Town,	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 11 Day of September, 2020 at 5:21:22 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JENNIFER L DAREZZO Signature of Authorized Person

Form No. 632 Revised 09/07

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