| | 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 | 40 | |
| 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>000793385</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>AFFINITY SALON, LLC</u> | | | |
| 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 Conducted | d in Rhode Island |
| BEAUTY SALON. HAIR AND WAXING, NO MASSAGE OR NAILS. | | | |
| 5. Principal Office Addre | SS | | |
| No. and Street:951 VICTORY HIGHWAYCity or Town:NORTH SMITHFIELDState: RIZip: 02896Country: USA | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: Contact No. and Street: <u>P.C</u> | Title: <u>). BOX 1099</u> | | |
| City or Town: <u>SL</u> | ATERSVILLE State: <u>RI</u> | Zip: <u>02876</u> C | 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 | Addro | |
| MANAGER | First, Middle, Last, Suffix KELLY PATTIE | Address, City or Town, St 951 VICTO | ate, Zip Code, Country |
| | | NORTH SMITHFIEL | |
| | | | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH J. ROSZKOWSKI, ESQ. 2178 MENDON ROAD, SUITE 300 CUMBERLAND, RI 02864

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

Signed this 29 Day of September, 2020 at 8:23:48 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 KIMBERLY HAGAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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