



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED STAMP

OCT 15 2020

1240

1. Entity ID Number 001673101		2. Exact name of the Limited Liability Company SALON SERENDIPITY, LLC			
3. NAICS Code 812112		4. Brief description of the character of business conducted in Rhode Island HAIR SALON SERVICES			
5. State of Formation RI					
6. Principal Office Address 52 CEDAR SWAMP ROAD			City SMITHFIELD	State RI	Zip 02917-2404
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CAROLYN J PARADIS			Contact Title MEMBER		
Street Address 52 CEDAR SWAMP ROAD			City SMITHFIELD	State RI	Zip 02917-2404
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person CAROLYN J PARADIS				Date 09/28/20	
Signature of Authorized Person <i>Carolyn J Paradis</i>					

MAIL TO:

Division of Business Services

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