RI SOS Filing Number: 202066336680 Date: 10/16/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

R.I. DEPT. OF STATE BUS SVCS DIV

2020 OCT 16 P. 2: 59 STAMP

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.

| 1. Entity ID Number 001696642  | 2. Exact name of the Limited Liability Company  MORGAN TAYLOR, LLC  |     |                |          |                      |
|--|---|-----|----------------|----------|----------------------|
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island  |     |                |          |                      |
| 81711  | 4. Brief description of the character of ousiness conducted in knode island  Hair styling bar/salon and all other permissible purposes. |     |                |          |                      |
| 5. State of Formation  | the ory mig derivation with all outlet partitioning par posses.   |     |                |          |                      |
| RI   | ·   |     |                |          |                      |
| 6. Principal Office Address  |   | :   | City           | State    | Zip                  |
| 64 Putnam Pike   |   |     | Johnston       | RI       | 02919                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |     |                |          |                      |
| Contact Name Morgan Masterson  |   |     | Contact Title  |          |                      |
| Street Address 64 Putnam Pike  |   |     | City Johnston  | State RI | <sup>Zip</sup> 02919 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |     |                |          |                      |
| Manager Name   |   |     | Manager Name   |          |                      |
| Street Address   |   |     | Street Address |          |                      |
| City   | State   | Zip | City           | State    | Zip                  |
| Manager Name   |   |     | Manager Name   |          |                      |
| Street Address   |   |     | Street Address |          |                      |
| City   | State   | Zip | City           | State    | Zip                  |
| Check the box to indicate an attachment  |   |     |                |          |                      |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 Date   |   |     |                |          |                      |
| Morgan Masterson 11.15.20  |   |     |                |          |                      |
| Signature of Authorized Person SIGN DOCUMENT HERE  Margan Martur   |   |     |                |          |                      |
| Morgan Martun  |   |     |                |          |                      |
|  |   |     |                |          |                      |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 632 - Revised: 10/2017