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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. Entry ID Number 001680927		2. Exact name of the Limited Liability Company HAIR SAY LLC			
3. NAICS Code <i>812112</i>		4. Brief description of the character of business conducted in Rhode Island HAIR SALON			
5. State of Formation R.I.					
6. Principal Office Address 20 CEDAR SWAMP ROAD			City SMITHFIELD	State RI	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name: JESSICA GRISSOM			Contact Title: MANAGER		
Street Address: 20 CEDAR SWAMP ROAD			City: SMITHFIELD	State: RI	Zip: 02917
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: SMITHFIELD	State:	City:	State:	City:	State:
Manager Name		Manager Name			
Street Address		Street Address			
City:	State:	Zip:	City:	State:	Zip:
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person ANDREA ARGENTI				Date 10/5/2020	
Signature of Authorized Person <i>Andrea Argenti</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov