



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 21 2020

1574

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 147255		2. Exact name of the Limited Liability Company Blue Moon Hair Studio, I.L.C.			
3. NAICS Code 812112		4. Brief description of the character of business conducted in Rhode Island Hairdressing and styling			
5. State of Formation RI					
6. Principal Office Address 464 Maple Avenue			City Barrington	State RI	Zip 02806
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Susan K. Magee-Costa			Contact Title Member		
Street Address 464 Maple Avenue			City Barrington	State RI	Zip 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
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 Susan K. Magee-Costa				Date 10.13.2020	
Signature of Authorized Person <i>Susan K. Magee Costa</i>					

MAIL TO:

Division of Business Services

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