	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001681817</u>	-		
2. Exact Name of the Li	nited Liability Company <u>SL&Y N</u>	AILS LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary information on <u>NAICS</u> can be found		inty. Download
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in R	hode Island
··· _····			
NAIL SALON			
5. Principal Office Addres	SS		
No. and Street: 7505			
	5 <u>POST ROAD</u> <u>RTH KINGSTOWN</u> State	: <u>RI</u> Zip: <u>02852</u> Cou	ntry: <u>USA</u>
			•
o. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact			
	<u>5 POST ROAD</u> TH KINGSTOWN State:	RI Zip: 02852 Cou	ntry: USA
	Each Manager of the Limited Liab		
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix	Address, City or Town, State, Zip	
		215 SAWMILL GLOCESTER, RI 0281	
MANAGER	SOPHORN LOUN	127 WESTERN PRO	MENADE

CRANSTON, RI 02905 USA

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

ROBERT A. PERETTI, ESQ. 1140 RESERVOIR AVENUE SUITE 201 CRANSTON, RI 02920

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

Signed this 5 Day of November, 2020 at 11:25:49 AM 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 <u>ALISSA YELLAND, MEMBER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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