



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>142580</b>	2. Exact name of the limited liability company <b>The Academy of Hairdressing, LLC</b>		
3. State of Formation <b>RHODE ISLAND</b>	4. Brief description of the character of the business which is actually conducted in Rhode Island		
5. Principal office address <b>20 SHARPE DRIVE</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>GERALDINE DIPOLLO</b>		Contact Title	
Street Address <b>20 SHARPE DRIVE</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
8. AGENT IN RHODE ISLAND - DO NOT ALTER: require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>FRANK S. LOMBARDI, ESQ.</b>		Address	
Address <b>225 BROADWAY</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date <b>10/3/05</b>	*142580*
Check No. <b>7845</b>	
By: <b>[Signature]</b>	
FOR SECRETARY OF STATE USE ONLY	

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.

**[Signature]** **9-19-05**  
Signature of Authorized Person Date  
**JOSEPH BACCALA**  
Print or Type Name of Authorized Person