

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

Matthew A. Brown, Secretary of State

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 BIACK) I. ID No. 2. Exact name of the limited liability company 124785 MRS MAY, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **BEAUTY SUPPLY BUSINESS RHODE ISLAND** 5. Principal office address City 48 ST GEORGE CT 02888 WARWICIL 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Street Address State 02888 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 State Zíp State Zin Manager Name Manager Name Street Address Street Address City State . State Zip 8. RESIDENT AGENT, IN RHODE ISLAND ; DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address **LINDA J. MAINTANIS** Address Cin **48 ST. GEORGE COURT** WARWICK 02888-

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

File Date 9/20/05 *124785* Check No. 17/9				
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and af	firm that I have examined this report
including any accompanying schedules are contained herein arg/true and correct.	
The sind correct.	- al.l.c
Signature of Authorized Person	- 9 1 05 Date
SINDA MAINTANIS	

Print or Type Name of Authorized Person



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5. Principal office address PO BOX 6. MAILING ADDRES Contact Name Sinvi Address	8188 SS OF LIMITED LIAE A MAINT	ANIS	WARWICK ND NAME OR TITLE OF CONT Contact Title	Sinte (2) ACT PERSON:	02888		
48 5 7. NAME AND ADDR	LITE 14 9	AGER OF THE LIMIT	ED LIABILITY COMPANY, IF A STACHMENTS ("X" BO) SIRES FILING OF AMENDMEN Manager Name	APPLICABLE	8288 7-16-52		
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Manager Name		Manager Name	Manager Name				
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Tily	State	Zip	City	State	Zip		
LINDA J. MAINTANIS	IN RHODE ISLAND	DO NOT ALTER - (Changes require filing of For	m 642 - R.I.G.L. 7-16-11			
48 ST. GEORGE COURT		City: WARWICK	<i>Z</i> .ұр 02888-				
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heck No		1174	-, :	

FOR SECRETARY OF STATE USE ONLY

MAINTANIS

Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements.

Print or Type Name of Authorized Person

contained herein are true and correct.



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RHODE ISLAND		SUPPLY BUS!				
1 15	(SEOSSGIE CA	-	WAQWICK NO NAME OR TITLE OF CONTACT Contact Tale	PERSON:	02888	
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By	12/1403/ / 	
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Under penalty of perjury, I declare and aff	firm that I have examined this repor	1,
including any accompanying schedules an contained herein are true and correct.	id statements, and that all statement	<i>f</i>
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Supplies of Authorized Person	Date	•
Print or Type Name of Authorized Person		