



State of Rhode Island  
Department of State - Business Services Division

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2020 DEC 10 PM 1:03

Annual Report for the year: 2018  
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 <u>000520144</u>		2. Exact name of the Limited Liability Company <u>Ultisimo LLC</u>			
3. NAICS Code <u>812112</u>		4. Brief description of the character of business conducted in Rhode Island <u>Beauty Salon</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>360 Cranston St</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02907</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Argentina Martinez</u>		Contact Title <u>Manager</u>			
Street Address <u>360 Cranston St</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02907</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Argentina Martinez</u>		Manager Name			
Street Address <u>109 Union Ave.</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
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.					
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 <u>Argentina Martinez</u>				Date <u>12/10/20</u>	
Signature of Authorized Person <u>Argentina Martinez</u>					

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

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