

State of Rhode Island
Department of State - Business Services DivisionRECEIVED
RI DEPT OF STATE
BUS SVCS DIV
2020 DEC 14 AM 9:05Annual 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 <u>001674632</u>		2. Exact name of the Limited Liability Company <u>MARABOO Beauty Lounge And SPA</u>	
3. NAICS Code <u>81211</u>		4. Brief description of the character of business conducted in Rhode Island <u>Full Service Beauty Salon.</u> <u>Provides hair, nail and Hair up services.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>86 Newport Ave</u>		City <u>East Providence</u>	State <u>RI</u>
		Zip <u>02916</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Stephanie Fenelon</u>		Contact Title <u>Owner</u>	
Street Address <u>55 Hollow Circle</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Stephanie Fenelon</u>		Manager Name <u>Marie Rousseau</u>	
Street Address <u>55 Hollow Circle</u>		Street Address <u>55 Hollow Circle</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Manager Name <u>Naika Fenelon</u>		Manager Name	
Street Address <u>55 Hollow Circle</u>		Street Address	
City <u>West Warwick</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		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 <u>Stephanie Fenelon</u>			Date <u>12/11/20</u>
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

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

FILED

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BY 61KBT

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FORM 632 - Revised