State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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	2. Exact name of the Limited Liability Company		
001657202	LA VILLA SALON AND SPA LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
812112	HAIR SALON		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
62 FRANKLIN STREET, UNIT 15	WESTERLY	RI	02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name LAYLA ARNOLD	Contact Title OWNER		
Street Address 62 FRANKLIN STREET, UNIT 15	City WESTERLY	State RI	Zip 02891

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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	Date
LAYLA ARNOLD	2/8/2021

Signature of Authorized Person

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

FILED
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BY CM SIED6
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FORM 632 - Revised: 08/2020