



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2021

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<br><u>1698878</u>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><u>caribbean Waxing and hair salon LLC</u>                                       |                          |
| 3. NAICS Code<br><u>812112</u>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>We do services such as hair, wax, and nails.</u> |                          |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                          |       |                                                                                                                                    |                          |
| 6. Principal Office Address<br><u>One Richmond Square <sup>125B</sup></u>                                                                                                                                   |       | City<br><u>Providence</u>                                                                                                          | State<br><u>RI</u>       |
|                                                                                                                                                                                                             |       | Zip<br><u>02906</u>                                                                                                                |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                    |                          |
| Contact Name<br><u>Domestic limited liability</u>                                                                                                                                                           |       | Contact Title<br><u>Registered Agents INC</u>                                                                                      |                          |
| Street Address<br><u>47 Wood Ave Ste 2</u>                                                                                                                                                                  |       | City<br><u>Barrington</u>                                                                                                          | State<br><u>RI</u>       |
|                                                                                                                                                                                                             |       | Zip<br><u>02806</u>                                                                                                                |                          |
| 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 | City                                                                                                                               | State                    |
|                                                                                                                                                                                                             | Zip   |                                                                                                                                    | Zip                      |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                                                       |                          |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                                                     |                          |
| City                                                                                                                                                                                                        | State | City                                                                                                                               | State                    |
|                                                                                                                                                                                                             | Zip   |                                                                                                                                    | 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.                                                                         |       |                                                                                                                                    |                          |
| <i>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.</i> |       |                                                                                                                                    |                          |
| Name of Authorized Person<br><u>Elexi Ramirez</u>                                                                                                                                                           |       |                                                                                                                                    | Date<br><u>5-11-2021</u> |
| Signature of Authorized Person<br><u>Elexi Ramirez</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](http://www.sos.ri.gov)

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BY [Signature] EXPIB  
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