



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

FILED

MAY 12 2021
BY [Signature] EXP 1B
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FORM 632 - Revised: 08/2020