

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

RECEIVED AND R.I. DEPT. OF STATE
BUS SYCS DIV

2021 HAY 12 P 3 57

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1698878	Caribbean WAXING and hair Salon IC 4. Brief description of the character of business conducted in Rhode Island WE do Services Such as Nair, wax, and nails.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812112	Me do services such as hair, wax, and halls.					
5. State of Formation]					
R.I						
6. Principal Office Address		125B	City		State	Zip
one RicHM	Providence Rt 102906					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Domestic Limited Lindae Tycompan Registered Agents INC						
Street Address 47 Wood AUR Ste 2			borrington States T 2806			
9 List All manager (see see and address as a fabric list) and a fabric and address as a fabric and a fabric a						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
	<u> </u>		<u> </u>	Che	L ck the box to ind	icate 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						
Eleyni RAMIYEZ					1	-2021
Signature of Authorized Person						
Elegi Ranin's						

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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ORM 632 - Revised: 08/2020