



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001686826		2. Exact name of the Corporation LIV Studio, Ltd.		2021 JUL -2 P 12:30	
3. Principal Office Address 515 WARREN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name TAYLA RAE GONSALVES			Vice-President Name N/A		
Street Address 123 PLEASANT STREET			Street Address		
City WAKEFIELD	State MA	Zip 01880	City	State	Zip
Secretary Name TAYLA RAE GONSALVES			Treasurer Name TAYLA RAE GONSALVES		
Street Address 123 PLEASANT STREET			Street Address 123 PLEASANT STREET		
City WAKEFIELD	State MA	Zip 01880	City WAKEFIELD	State MA	Zip 01880
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name TAYLA RAE GONSALVES			Director Name N/A		
Street Address 123 PLEASANT STREET			Street Address		
City WAKEFIELD	State MA	Zip 01880	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500 SHARES	COMMON	NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative TAYLA RAE GONSALVES				Date 6/25/2021	
Signature of Authorized Representative 				FILED	

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

JUL 02 2021
BY CH CL #573
12:30

FORM 630 - Revised: 08/2020