

Department of State - Business Services Division

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.

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2021 SEP 28 PM 12: 06

Entity ID Number 000795195	7	2. Exact name of the Limited Liability Company Salon PS Rhode Island LLC				
3. NAICS Code 812112	4. Brief de	Brief description of the character of business conducted in Rhode Island STAFF AND SERVICE SALONS IN ASSISTED LIVING COMMUNITIES				
5. State of Formation RI						
6. Principal Office Address			City	State	Zio	
55 Public Square, Suite 1180			Cleveland	ОН	44113	
7. Mailing Address of Limited	d Liability Compa	iny and Name or Tit	le of Contact Person	<u> </u>		
Contact Name Ranae Lewis			Contact Title VP Finance & Accounting			
Street Address 55 Public Square, Suite 1180			City Cleveland	Stale OH	Z:p 44113	
8. List ALL managers (name	es and addresses	s) of the Limited Liat	oility Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS	
Manager Name Jolth Polate			Manager Name			
Street Address OD Parkland Orive			Street Address			
SHAKER HEWH	5 State OH	Zie44120	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			_ [Check the box to in	dicate an attachment	
9. The Resident Agent inform	ation currently o	f record with the RI	Department of State is accu	rate. Changes require	filing Form 642.	
Under penalty of perjury, I statements, and that all sta	declare and affil tements contail	rm that I have exam ned herein are true	nined this report, including and correct.	g any accompanying	schedules and	
Name of Authorized Person RANGE UUUS				Dale 9. 20. 2021		
Signature of Authorized Persi		e Dex				
		1)	7120 T	12:10	

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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FORM 632 - Revised: 08/2020