State of Rhode Island
Department of State - Business Services Division

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2021 SEP 28 PM 12:06

Annual Report for the year: 2018
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	2. Exact name of the Limited Liability Company
000795195	**Salon PS Rhode Island LLC**
3. NAICS Code: 812112	4. 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	Zip
55 PUBLIC SQUARE, STE 1180	CLEVELAND	OH	44113

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
RANAE LEWIS	VP FINANCE & ACCOUNTING		
Street Address	**City**	**State**	**Zip**
55 PUBLIC SQUARE, STE 1180	CLEVELAND	OH	44113

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Manager Name
JOHN Polatz	
Street Address: 16800 Parkland Drive	Street Address
City: Shaker Heights / State: OH / Zip: 44120	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	Date
RANAE LEWIS	6/2/2021

Signature of Authorized Person: Ranae Lewis

FILED 12:07
SEP 28 2021
BY: 2XFPD

MAIL TO:
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