State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company
000381852	**CLAUDINA, LLC**
3. NAICS Code 812112	4. Brief description of the character of business conducted in Rhode Island BEAUTY SALON
5. State of Formation RHODE ISLAND	

6. Principal Office Address	City	State	Zip
583 BEVERAGE HILL AVENUE	PAWTUCKET	RI	02861

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

Contact Name	Contact Title		
ANA CLAUDINA	LLC MEMBER		
Street Address	**City**	**State**	**Zip**
85 BRIGHTRIDGE AVENUE	EAST PROVIDENCE	RI	02914

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	Date
ANA CLAUDINA	October 1, 2021
Signature of Authorized Person	

FILED
OCT 08 2021
BY HP 82B
8:50

MAIL TO:
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