RI SOS Filing Number: 202103015530 Date: 10/8/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: $\frac{2021}{}$ **Limited Liability Company**

OCT 08 2021

→ 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 nan	2. Exact name of the Limited Liability Company				
140157	STUDIO	STUDIO 44 HAIR SALON, LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
812112	Hair, Nail &	Hair, Nail & Skin Salon				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
39 Putnam Pike			Johnston	RI	02919	
7. Mailing Address of Limited		y and Name or Tit		·		
Conlact Name Lisa M. Taglione			Contact Title Manager			
Street Address 39 Putnam Pike			City Johnston	State RI	^{Zip} 02919	
8. List ALL managers (name		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Lisa M. Taglione			Manager Name			
Street Address 39 Putnam Pike			Street Address			
^{City} Johnston	State RI	^{Zıp} 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
C ty	State	Zip	City	State	Zip	
	.		<u> </u>	Check the box to	indicate an attachment	
9. The Resident Agent inform	nation currently of	record with the R	Department of State is acc	urate. Changes requir	re filing Form 642	
Under penalty of perjury, I statements, and that all sta				ng any accompanyir	ng schedules and	
Name of Authorized Person			· · · · · · · · · · · · · · · · · · ·	Date		
Lisa M. Taglione						
Signature of Authorized Pers	Jugli	MI		V	<u></u>	

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

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