RI SOS Filing Number: 202104618640 Date: 11/2/2021 4:00:00 PM

State of Rhode Island
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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BY 394

1. Entity ID Number	2. Exact name of the Limited Liability Company
001680927	HAIRSAY LLC
3. NAICS Code: 812112	4. Brief description of the character of business conducted in Rhode Island: HAIR SALON
5. State of Formation: R.I.	

6. Principal Office Address	City	State	Zip
20 CEDAR SWAMP ROAD	SMITHFIELD	RI	02917

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

Contact Name	Contact Title		
JESSICA GRISSOM	MANAGER		
Street Address: 20 CEDAR SWAMP ROAD	City: SMITHFIELD	State: RI	Zip: 02917

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

Manager Nam			Manager Name		
Street Addre AD			Street Address		
C			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
ANDREA ARGENTI	10/27/2021
Signature of Authorized Person: Andrea R. Argenti	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov