RI SOS Filing Number: 202104929520 Date: 11/8/2021 4:00:00 PM

4.



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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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001678114	MAVE'S EMPIRE BEAUTY SALON, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island TAUDY CALLON					
412112	BEAUTY SALON					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
433 POTTERS AVENUE			PROVIDENCE	RI	02907	
7. Mailing Address of Limited Li	ability Compan	y and Name or Tit	le of Contact Person	•		
Contact Name MAVELYN V. ROSARIO			Contact Title MANAGER			
Street Address 136 BELLEVUE AVENUE		City PROVIDENCE	State RI	^{Zıp} 02907		
8. List ALL managers (names a		of the Limited Lial	bility Company, IF APPLICABL	E - DO NOT LIST N	MEMBERS	
Manager Name MAVELYN V. ROSARIO			Manager Name			
Street Address 136 BELLEVUE AVENUE		Sireel Address				
City PROVIDENCE	State RI	^{Zip} 02907	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip .	
Check the box to indicate an attachment						
9. The Resident Agent informati	on currently of	record with the RI	Department of State is accura	te. Changes require	e filing Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affir ments contain	m that I have exa ed herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
MAVELYN V. ROSARIO			10/12/2	10/12/2021		
Signature of Authorized Person	7			•		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov