RI SOS Filing Number: 202105113180 Date: 11/15/2021 4:00:00 PM

State of Rhode Island
Department of

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.

1. Entity ID Number	2 5 - 4					
115824	2. Exact name of the Limited Liability Company MAGNOLIA SALON & SPA, L.L.C.					
	ontotional or those with the state of the st					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812112	PROVIDE BEAUTY SERVIVES TO THE GENERAL PUBLIC					
5. State of Formation	1					
RHODE ISLAND						
6. Principal Office Address			l ou.	la.	I 	
1375 PARK AVENUE			City CRANSTON	State	Zip 02910	
				RI		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ANGELA V MANZO			Contact Title MEMBER	Contact Title MEMBER		
Street Address SAME			City	State	Zip	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name NONE			Manager Name	Manager Name		
Street Address			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 ANGELA V. MANZO ANGELA V. MANZO						
1/000						
Signature of Authorized Person						
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/ / /						

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 15 2021