RI SOS Filing Number: 202105242240 Date: 11/19/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

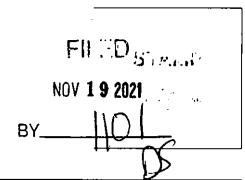
Department of State - Business Services Division

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.



•		·	haracter of business conducted	ın Rhode İsland			
Rhode Island 6. Principal Office Address			Brief description of the character of business conducted in Rhode Island Hair Services				
•							
6. Principal Office Address 3 Pine Lane			City Johnston	State RI	Zip 02919		
7. Mailing Address of Limited L	.iability Compa	ny and Name or	Title of Contact Person	L			
Contact Name Alexandra Atwood			Contact Title Member				
Street Address 3 Pine Land			City Johnston	State RI	^{Zip} 02919		
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name NONE			Manager Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name NONE			Manager Name NONE				
Street Address			Street Address				
City	State	Zíp	City	State	Zip		
				Check the box to i	indicate an attachment		
9. Resident Agent in Rhode Isl	and This inform	nation is currently	of record with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I destatements, and that all state			examined this report, includir true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date	Date		
Alexandra Atwood, Sole I	Member						
Signature of Authorized Person	n	SIGN	I DOCUMENT HERE	I			

MAIL TO:

Division of Business Services

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

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