



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

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**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<br><b>001705849</b>   |       | 2. Exact name of the Limited Liability Company<br><b>HAIR BY KRISTIN OUELLETTE, LLC</b>     |                         |                  |     |
| 3. NAICS Code<br>812112   |       | 4. Brief description of the character of business conducted in Rhode Island<br>HAIR DRESSER |                         |                  |     |
| 5. State of Formation<br>RI   |       |   |                         |                  |     |
| 6. Principal Office Address<br>2 VISTA DRIVE  |       | City<br>LINCOLN   | State<br>RI             | Zip<br>02865     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                         |                  |     |
| Contact Name<br>KRISTIN OUELLETTE   |       |   | Contact Title<br>MEMBER |                  |     |
| Street Address<br>2 VISTA DRIVE   |       | City<br>LINCOLN   | State<br>RI             | Zip<br>02865     |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                         |                  |     |
| Manager Name<br>N/A   |       | Manager Name<br>N/A   |                         |                  |     |
| Street Address  |       | Street Address  |                         |                  |     |
| City  | State | Zip   | City                    | State            | Zip |
| Manager Name<br>N/A   |       | Manager Name<br>N/A   |                         |                  |     |
| Street Address  |       | Street Address  |                         |                  |     |
| City  | State | Zip   | City                    | State            | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                         |                  |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |                         |                  |     |
| <i>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.</i> |       |   |                         |                  |     |
| Name of Authorized Person<br>KRISTIN OUELLETTE  |       |   |                         | Date<br>10/05/21 |     |
| Signature of Authorized Person<br>  |       |   |                         |                  |     |

**MAIL TO:**  
 Division of Business Services  
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