



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2021 NOV 30 P 3:56

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 <u>00080959</u>		2. Exact name of the Limited Liability Company <u>Bloom Salon LLC</u>	
3. NAICS Code <u>812112</u>		4. Brief description of the character of business conducted in Rhode Island <u>hair salon</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>10 Anker Ave</u>		City <u>Barrington</u>	State <u>RI</u> Zip <u>02806</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Ther Gileco</u>		Contact Title <u>owner</u>	
Street Address <u>289 Sowams Road</u>		City <u>Barrington</u>	State <u>RI</u> Zip <u>02806</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Jennifer Johnstone</u>		Manager Name <u>Ther Gileco</u>	
Street Address <u>2 Okeefe St.</u>		Street Address <u>289 Sowams Rd.</u>	
City <u>Taunton</u>	State <u>MA</u>	City <u>Barrington</u>	State <u>RI</u> Zip <u>02806</u>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>Dorothea Gileco</u>		Date <u>11/30/21</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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