



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

**FILED**

FEB 17 2022

BY

*[Handwritten signature]*

**Annual Report for the year:** 2022  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000131855</b>		2. Exact name of the Limited Liability Company <b>CHERYL A. CICCONE, LLC.</b>			
3. NAICS Code <b>424210</b>		4. Brief description of the character of business conducted in Rhode Island <b>HAIR, HEALTH, AND BEAUTY SERVICE.</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>243 OLNEY ARNOLD ROAD</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>CHERYL A. CICCONE</b>			Contact Title <b>MEMBER</b>		
Street Address <b>243 OLNEY ARNOLD ROAD</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	
8. 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 <b>CHERYL A. CICCONE</b>				Date <b>1/19/2022</b>	
Signature of Authorized Person <i>X Cheryl A. Ciccone</i>					

**MAIL TO:**  
 Division of Business Services  
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