State of Rhode Island

Department of State - Business Services Division

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

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2023 FEB 15 P 1: 00

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

2. Exact name of the Limited Liability Company				
KAMALAS LLC				
4. Brief description of the character of business conducted in Rhode Island				
6 NE BROWN THEBAD FIND SALDON				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	City	State	Žip	
2-,	PROVIDENCE	RI	02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Address of Limited Liability Company and Name or Title of Contact Title Address of Limited Liability Company and Name or Title of Contact Title Address of Limited Liability Company and Name or Title of Contact Title Address of Limited Liability Company and Name or Title of Contact Person				
SH. C.MAGNANI Contact Title MANAGER				
city PROVADENCE		State RJ	Zip 02906	
8. 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			Date	
			2/15/23.	
Signature of Authorized Person JITEIN CM NONANCE				
	EXECUTION OF the character of the charac	4. Brief description of the character of business conducted in Rhool EYEBROW THREAD FROM SALON City PROVIDENCE bility Company and Name or Title of Contact Person Contact Title MANAGER City PROVIDENCE City PROVIDENCE In currently of record with the RI Department of State is accurate Collare and affirm that I have examined this report, including any an anents contained herein are true and correct. CMAGN ANT	4. Brief description of the character of business conducted in Rhode Island EYEBROW THEED FIND SALON City PROVIDENCE RI bility Company and Name or Title of Contact Person Contact Title MANAGER City PROVIDENCE State RI City PROVIDENCE State RI City PROVIDENCE State RI In currently of record with the RI Department of State is accurate. Changes require fill lare and affirm that I have examined this report, including any accompanying states contained herein are true and correct. Date 21/5	

FILED

FEB 15 2023 BY 1008WV A.A. 1:100pm.

MAIL TO:

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