

·R.I. DEPT. OF STATE BUS SVCS DIV ;2023 MAR - 2 PM 1:44

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.

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Entity ID Number	2. Exact name of the Limited Liability Company			
001681425	GUATELINDA HAIR SALON LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
812112	HAIR SALON			
5. State of Formation	7			i
RI				
6. Principal Office Address		City	State	Zip
684 BROAD STREET		CENTRAL FALLS	RI	02863
	ability Company and Name or Tit		•	
Contact Name MARIO MONTERROSO		Contact Title PRESIDENT		
Street Address 684 BROAD STREET		City CENTRAL FALLS	State RI	^{7ip} 02863
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	
MARIO MONTERROSO			02/22/2023	
Signature of Authorized Person				

FILED

MAR 0 2 2023

BY 9 CB28 A.A. 1:46pm.

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 2/2023