| State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office | | | |
|---|--|--|--|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | |
| Limited Liability Company Annual Report Filing Period: February 1 - May 1 | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2023 | | | |
| 1. ID No. <u>001733940</u> | | | |
| 2. Exact Name of the Limited Liability Company Styled by Savannaha LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | |
| <u>812112</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| STYLED BY SAVANNAHA IS AN INDEPENDENT HAIR STYLIST OPERATING A SALON SUITE. ALL SERVICES THAT ARE DONE HERE ARE FACIAL WAXING, CHEMICAL HAIR SERVICES SUCH AS COLORING HAIR, KERATINS, HAIR CUTTING, BLOWDRYING | | | |
| AND STYLING. | | | |
| 5. Principal Office Address | | | |
| No. and Street:1360 OAKLAWN AVECity or Town:CRANSTONState:RIZip:02920Country:US | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: SAVANNAHA SIMCOCK Contact Title: OWNER | | | |

No. and Street: City or Town:

| <u>10 ROUND</u> | HILL | RD |
|-----------------|------|----|
| FOSTER | | |

State: <u>RI</u> Zip: <u>02920</u> Count

Country: US

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of March, 2023 at 9:12:55 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SAVANNAHA SIMCOCK

Signature of Authorized Person

Form No. 632 Revised 09/07

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