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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 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	2. Exact name of the L	imited Liability Con	npany		~~	A 116	
1713002	7005	sada	Oraa	nic	CU	rc, LLL	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
44620	I made your Product like shorps conditioner						
5. State of Formation	il Hair				/ /		
K \	Well, 4502//	SCIU	mleau	11 m Cu	110101	110014	
6. Principal Office Address	7	City		State	_ ²	11p	
	PYST	No1	11/00/14	ma K	<u> </u>	00904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name	Contact Title						
Street Address 9 miner ST		City 11/0	dH- Provio	INCO State		02904	
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	Date C L Q LO O O O		
Myriamcharles Salnave 0/8					7/8/c	2023	
Signature of Authorized Person	's la Salas	MR					
C . 1012 121 02 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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BY ML 2709A

FORM 632 - Revised: 2/2023