



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2023

- 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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|---|--|--|-------------|
| 1. Entity ID Number<br>001707866  |  | 2. Exact name of the Limited Liability Company<br>moroccan hair salon llc            |             |
| 3. NAICS Code<br>812112   |  | 4. Brief description of the character of business conducted in Rhode Island<br>Salon |             |
| 5. State of Formation<br>RI   |  |  |             |
| 6. Principal Office Address<br>99 Doyle Ave Providence  |  | City<br>Providence   | State<br>RI |
|   |  | Zip<br>02906   |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |             |
| Contact Name<br>CIAude Medina   |  | Contact Title<br>OWNER   |             |
| Street Address<br>99 Doyle Ave  |  | City<br>Providence   | State<br>RI |
|   |  | Zip<br>02906   |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |             |
| 9. 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<br>CIAude Medina  |  | Date<br>12/1/2023  |             |
| Signature of Authorized Person<br>  |  |  |             |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov

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BY ML BXYQS  
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