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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2029 **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 Limited Liability Company ALABASTER SALON LLC			
3. NAICS Code \$\begin{align*} \text{S. State of Formation} \$\text{RHODE ULMND} \end{align*}	4. Brief description of the character of business conducted in Rhode Island HAIR STYLING, COUNCING, CUMNIG, RETAIL SAVES OF BENTY PRODUCTS			
6. Principal Office Address 1360 OAKUNWM INE		CRANSTON	State L I	Zip 02920
7. Mailing Address of Limited Li	iability Company and Name o	r Title of Contact Person		
Contact Name ALEJANDEA FAEUA		Contact Title OWNER		
Street Address 27 EVER BUOM DRIVE		JOH NSTON	State K.(zip 02919
8. The Resident Agent informat	ion currently of record with th	e RI Department of State is accu	ırate. Changes requ	ire filing Form 642.
9. Under penalty of perjury, I statements, and that all state		ve examined this report, include true and correct.	ding any accompar	nying schedules and
Name of Authorized Person AUEJANDIZA P	TELA		Date 02/23/2024	
Signature of Authorized Person	~		.	

FILED

FEB 2 3 2024

MAIL TO:

Division of Business Services

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

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