

Annual Report for the year: 2024 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 Limit	2. Exact name of the Limited Liability Company				
00167310:	SALON SERENDIPITY, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812112	HAIR SALON SERVICE	HAIR SALON SERVICES				
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
52 CEDAR SWAMP ROAL	DAR SWAMP ROAD SMITHFIELD		RI	02917-2404		
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person	-			
Contact Name CAROLYN J. PARADIS		Contact Title MEMBER				
Street Address 52 CEDAR SWAMP ROAD		City SMITHFIELD	State R I	Zip 02917-2404		
8. The Resident Agent infor	mation currently of record with th	e RI Department of State is acc	urate. Changes requ	ire filing Form 642.		
Under penalty of perjury,	l declare and affirm that I have tatements contained herein are	examined this report, including				
Name of Authorized Person			Date			
AROLYN J. PARADIS			3/4/24			
Signature of Authorized Per	long Parado					

MAIL TO:

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

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