	State of Rhode Island	Fee: \$50.00
	Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street Providence RI 02904-2615	
1636	(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 - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>001735205</u>		
2. Exact Name of the Limited Liability Company The Treatment Room, LLC		
3. State of Formation		
State: <u>RI</u>		
NAICS CODE		
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>812990</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
ENGAGE IN ANY LAWFUL BUSINESS INCLUDING BUT NOT LIMITED TO A BEAUTY SPA.		
5. Principal Office Address		
No. and Street:	<u>2 WESTERN HILL LANE</u> <u>APT 2303</u>	
City or Town:	CRANSTONState: <u>RI</u> Zip: <u>029</u>	921 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: C No. and Street:	<u>2 WESTERN HILL LANE</u>	
City or Town:	APT 2303   CRANSTON State: RI Zip: 029	921 Country: <u>USA</u>

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

RICHARD E. PALUMBO, JR., ESQ. 481 ATWOOD AVE. CRANSTON , RI 02920

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

**Signed this 1 Day of May, 2024 at 3:43:52 PM 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 IVETTE RAQUEL CONTRERAS

Signature of Authorized Person

Form No. 632 Revised 09/07

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