

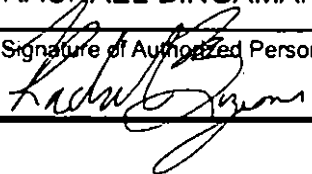


State of Rhode Island
Department of State - Business Services Division

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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FOR
SECRETARY OF STATE
U.S. ONLY

1. Entity ID Number 001725012		2. Exact name of the Limited Liability Company KELAYA WILD LLC	
3. NAICS Code 812112		4. Brief description of the character of business conducted in Rhode Island BEAUTY SALON	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 49 BEACH ST, STE 3		City WESTERLY	State RI
			Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name RACHAEL BINGAMAN		Contact Title OWNER	
Street Address 49 BEACH ST, STE 3		City WESTERLY	State RI
			Zip 02891
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 RACHAEL BINGAMAN		Date 05/06/2024	
Signature of Authorized Person 			

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
MAY 07 2024
BY VOLKE
AR