RI SOS Filing Number: 202454479270 Date: 5/6/2024 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2024

MAY 0 6 2024

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→ 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			
1/09/33	19/055.	W		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation  A Mary 15 May	Beauty Salon, 1	cluding narb, u	vaxig, lashe,	hir
6. Principal Office Address		City	State	Zip
1701 STOTTON RV		Tiverton	AL	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Thomas Thomas		Contact Title		
Street Address 1707 STATION Again		City	State	OF TO TO
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			Date 4/19/24	
Signature of Authorized Person  Authorized Reson				
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MAIL TO:

**Division of Business Services** 

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

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