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State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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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4. Brief description of the char Beauty Esthetician Se	racter of business conducted in R	hode Island	
	PROVIDENCE	State RI	ZJp 02909
ted Liability Company and Name or T	tle of Contact Person		
Contact Name NIXSALIZ GOMEZ RODRIGUEZ		Contact Title MEMBER	
BSTER AVE	CITY PROVIDENCE	State RI	^{Zip} 02909
ormation currently of record with the F	RI Department of State Is accurate	. Changes requir	e filing Form 642.
ury. I declare and affirm that I have	examined this report, including	any accompany	ring schedules en
		Date 06/24/20	24
	A. Brief description of the char Beauty Esthetician Se Beauty Esthetician Section Sectio	Beauty Esthetician Services City PROVIDENCE Ited Liability Company and Name or Title of Contact Person Z GOMEZ RODRIGUEZ Contact Title MEMBER BSTER AVE City PROVIDENCE Company and Name or Title of Contact Person Contact Title MEMBER City PROVIDENCE Company and Affirm that i have examined this report, including statements contained herein are true and correct.	A. Brief description of the character of business conducted in Rhode Island Beauty Esthetician Services City PROVIDENCE Ited Liability Company and Name or Title of Contact Person Contact Title MEMBER BSTER AVE City PROVIDENCE City PROVIDENCE City PROVIDENCE State RI City PROVIDENCE State RI Company and Name or Title of Contact Person Contact Title MEMBER City PROVIDENCE State RI Company of record with the RI Department of State is accurate. Changes require ury, I declare and affirm that I have examined this report, including any accompany statements contained herein are true and correct. Con

MAIL TO:

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

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

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