



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
RECORDING OF STATE
USE ONLY

1. Entity ID Number 1662272		2. Exact name of the Limited Liability Company AQUA SALON AND SPA, LLC		
3. NAICS Code 446199		4. Brief description of the character of business conducted in Rhode Island HAIR STYLING AND SPA SERVICES.		
5. State of Formation RHODE ISLAND				
6. Principal Office Address 6730 POST ROAD		City NORTH KINGSTOWN	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name BRENDA DIMON		Contact Title MANAGER		
Street Address 6730 POST ROAD		City NO KINGSTOWN	State RI	Zip 02852
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 BRENDA DIMON, MANAGER			Date 7/11/24	
Signature of Authorized Person 				

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov