



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
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Annual Report for the year: 2023
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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|---|--|--|--------------------|
| 1. Entity ID Number 001712528 | | 2. Exact name of the Limited Liability Company STYLE STUDIO LLC | |
| 3. NAICS Code 812112 | | 4. Brief description of the character of business conducted in Rhode Island BEAUTY SALON | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 58 GROSVENOR AV | | City PROVIDENCE | State RI |
| | | Zip 02908 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name MICHELLE LUNA | | Contact Title MANAGER | |
| Street Address 58 GROSVENOR AV | | City PROVIDENCE | State RI |
| | | Zip 02908 | |
| 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 Michelle Luna | | Date 08/07/2024 | |
| Signature of Authorized Person | | | |

FILED 113
AUG -7 2024
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MAIL TO:
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