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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2023

-> 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	2 Exact name of the Limite	d Liability Company		<u></u>	
Ť	2. Exact name of the Limited Liability Company				
001724355	BLESSED SPA SALON LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812112	SPA				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
155 PARK AVE SUITE 153		CRANSTON	RI	02905	
7. Mailing Address of Limited	d Liability Company and Name or	Title of Contact Person	***		
Contact Name ROCIO TEJEDA CEBALLOS		Contact Title OWNER			
Street Address 155 PARK AVE SUITE 153		CRANSTON CRANSTON	State RI	^{Zip} 02905	
8. The Resident Agent inform	mation currently of record with the	RI Department of State is accura	te. Changes require	e filing Form 642.	
	r, I declare and affirm that I hav atements contained herein are	re examined this report, includin true and correct.	g any accompany	ring schedules and	
Name of Authorized Person		Date			
ROCIO TEJEDA CEBALLOS			8/21/2024		
Signature of Authorized Pers	son				

FILED

AUG 2 1 2024

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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