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State of Rhode Island **Department of State - Business Services Division**

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Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 Penalty: Additional Penalty: Additiona

2024 AUG 29 PM	3:	34	\$4.7 \$5.48 \$748 12 14 \$6. \$7.7
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2. Exact name of the Limited Liability Company CKD Studios LLC					
Brief description of the character of business conducted in Rhode Island Beauty salon, salon suites					
	City	State	Zip		
	Smithfield	RI	02917		
ability Company and Name or	Title of Contact Person				
Contact Name Kamyla DeOliveira		Contact Title President			
<u></u>	City Smithfield	State RI	^{Zip} 02917		
on currently of record with the	RI Department of State is accu	ırate. Changes requir	e filing Form 642.		
declare and affirm that I have ments contained herein are t	examined this report, include rue and correct.	ding any accompany	ying schedules and		
Name of Authorized Person			Date		
Kamyla Deoliveira		08/26/2024			
i	4. Brief description of the character Beauty salon, salon sa	4. Brief description of the character of business conducted Beauty salon, salon suites City Smithfield ability Company and Name or Title of Contact Person Contact Title President City Smithfield City Smithfield City Smithfield	4. Brief description of the character of business conducted in Rhode Island Beauty salon, salon suites City State Rl Smithfield Rl Smithfield President City Smithfield State Rl Smithfield State Rl City Smithfield City Cit		

MAIL TO:

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

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FORM 632 - Revised: 12/2023