RI SOS Filing Number: 202460320230 Date: 9/25/2024 4:00:00 PM

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.

Entity ID Number	2. Exact name of the Limited Lia	bility Company		
001772989	TChys Hai	rLLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
812112	A hair salon full-services			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
949-951 M	AIN St.	Pawtucket	KI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Trile		
Auxilia Duarte		Owner		
Street Address		LCAX 1 C. 1	State	Zip O C
1949-951 Ma	in St.	Hawtucket	IKL	02860
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	2 2 -		Date /	/
AUXILIA DUAKTE			9/25/24	
Signature of Authorized Person				
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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 BY HIZA

**FILED**