

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
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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Entity ID Number	2. Exact name of the Limited Lia	ibility Company				
001772989	TChys Hai	r LLC				
3. NAICS Code		cter of business conducted in Rho				
812112	A hair Salon full-Services					
5. State of Formation						
RI						
6. Principal Office Address		City	State Zip			
949-951 M	AIN St.	<u>Hawtucket</u>	KI 028	160		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title	-			
Auxilia Duarte		Owner				
Street Address		Leax 1 Contract	State Zip	7/		
1949-951 Ma	in St.	Hawtucket	KI Odd	60		
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 0 =		Date /_ /			
AUXILIA DUAKTE			9/25/2	4		
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 **FILED**

FORM 632 - Revised 12/2023