RI SOS Filing Number: 202460675970 Date: 10/17/2024 11:00:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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 Limited Liability Company						
000566593	Signature Nails & Spa at New Towne Center LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
812113	Wail Salon						
5. State of Formation	1						
RHODE ISLAM							
6. Principal Office Address		City	State	Zip			
199 Connell A	Tuy # 13	Newport	K1	02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Kong Guo		president					
Street Address 8 Russ	ell Ave	city Venport	State	2ip 02840			
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			Date	10/17/2024			
Rong Gr	wo						
Signature of Authorized Person							
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OPGT 1.7 2024

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov