



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. ID No. 001744980

2. Exact Name of the Limited Liability Company Lux Skyn Haus LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

812112

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FULL BODY WAXING

5. Principal Office Address

No. and Street: 206 SMITH STREET
UNIT A

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 80 CARLETON STREET

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANYSSA TAVAREZ 4000 CHAPEL VIEW #1091 SUITE 300 CRANSTON , RI 02920

Signed this 21 Day of December, 2024 at 5:55:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANYSSA TAVAREZ
Signature of Authorized Person

Form No. 632
Revised 09/07

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