



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSSD  
25 JAN 13 PM 1:15:01

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.

|                                                                                                                                                                                                         |  |                                                                                                                                      |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. Entity ID Number<br><u>001719343</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>FIRST STEP BEAUTY-BRAIDS LLC</u>                                                |                                           |
| 3. NAICS Code<br><u>456120</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Retail and Hair Braiding, Sell Beauty Products</u> |                                           |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                                                      |                                           |
| 6. Principal Office Address<br><u>221 plainfield street</u>                                                                                                                                             |  | City<br><u>Providence</u>                                                                                                            | State<br><u>RI</u><br>Zip<br><u>02909</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                      |                                           |
| Contact Name<br><u>JANET JOHNSON</u>                                                                                                                                                                    |  | Contact Title                                                                                                                        |                                           |
| Street Address<br><u>221 plainfield st</u>                                                                                                                                                              |  | City<br><u>Providence</u>                                                                                                            | State<br><u>RI</u><br>Zip<br><u>02909</u> |
| 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<br><u>Janet Johnson</u>                                                                                                                                                       |  | Date<br><u>01/13/2024</u>                                                                                                            |                                           |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                      |                                           |

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY WZEE9