RI SOS Filing Number: 202564231630 Date: 2/5/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

2025

REO'D RIDSS BEST

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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---|---|------------|--------|-------------|
| 00/7/2409 | MY Beaut | • | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 812-112 | | • | | |
| 5. State of Formation | 1 Roatu | Room | | |
| RI | Dearing | 1 100 11 7 | | |
| 6. Principal Office Address | | City | State | Zip |
| M94 Rooad ST | | Proudence | RIB | 0290 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name Contact Title | | | | |
| Watter SANTONA. | | Ouner. | | |
| Street Address | 1 | City | State | Zip |
| 160 Tennostan | | crawtin | 1 RZ | 02501 |
| 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) | n 4 - 2 c - |
| Simbse Data villa | | | | 22-25 |
| Signature of Authorized Person | | | | |
| La sa lano Hellan | | | | |

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BY 4CARC

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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