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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 Evact name of the Limited Lia	hility Company			
_	2. Exact name of the Limited Liability Company				
001749935	Kaylkay Nailed it LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
812113	nail Salon				
5. State of Formation]				
RI					
6. Principal Office Address		City	State	Zip	
1300 Park Ave		Cranston	RI	02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
hayla Houston		Owner			
Street Address		City	State	Zip	
1300 Park An		Cranston	[R]	02910	
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	_	
Kaula Houston		2/17/2025			
Signature of Authorized Person					

FILED

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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