

## State of Rhode Island Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company				
00/763358	KABINAS Reuty Soot LLC					
3. NAICS Code	4. Brief description of the character/of business conducted in Rhode Island					
812.112	,					
5. State of Formation	Beauty	Salon				
6. Principal Office Address		City	State	Zip		
987 Chalksto	no ave	PROVIDENCE	RI	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	·	Contact Title				
CRUS M. Habari	0	One				
Street Address Chalks	one and	City PROVID, and a	State R L	2ip 02908		
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	1 5		Date	7 }		
True m. H.l.	rw		2/.	23/2025		
Signature of Authorized Person						
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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