

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.

STAMP

1. Entity ID Number	2. Exact name of the Limited Liability Company			
66758883	Beyond the Mirror LLC			
3. NAICS Code	Bnef description of the character of business conducted in Rhode Island			
812112	Huir Salon			
5. State of Formation]			
الله الله				
6. Principal Office Address		City	State	Zip
165 Frankin Street		westerry	PI	02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Confact Name		Contact Tiffe		
AmardaFarnhum				
Street Address 247 Richmond TW HSRd		Carolina	State RA	02812
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 2/25/25	
Amuda Farnhom			2/25	125
Signiflure of Authorized Person				
Homanda Farnhum				

MAIL TO:

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

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

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