



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

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.

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1. Entity ID Number <b>001699628</b>		2. Exact name of the Limited Liability Company <b>Jasmine Facial Spa LLC</b>	
3. NAICS Code <b>812177</b>		4. Brief description of the character of business conducted in Rhode Island <b>Facial Spa</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>243 Main St</b>		City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02860</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Tony Ngo</b>		Contact Title <b>President</b>	
Street Address <b>500 Mendon Rd Apt 25</b>		City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02864</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person <b>Tony Ngo</b>			Date <b>3-22-25</b>
Signature of Authorized Person 			

**FILED**

**APR 01 2025**

**BY** **281PK**  
**ES**

**MAIL TO:**

**Division of Business Services**

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