

## 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.

2025

1. Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
001699628	Jasmine Facial	Jasmine Facial Spa LLC			
3. NAICS Code	, , , , , , , , , , , , , , , , , , ,	Brief description of the character of business conducted in Rhode Island			
812177	Facial Spa				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
243 Main St		Pawtucket	RI	02860	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name Tony Ngo		Contact Title President			
Street Address 500 Mendon Rd Apt 25		City Cumberland	State RI	<sup>Zip</sup> 02864	
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is accura	ate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I h tatements contained herein ai	ave examined this report, includi re true and correct.	ng any accompany	ing schedules and	
Name of Authorized Person			Date		
Tony Ngo			3-27-25		

**FILED** 

APR 01 2025

MAIL TO:

**Division of Business Services** 

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