



**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<br>C01720627  |  | 2. Exact name of the Limited Liability Company<br>HAUSCILL LLC                              |             |
| 3. NAICS Code<br>812112   |  | 4. Brief description of the character of business conducted in Rhode Island<br>HAIR STYLIST |             |
| 5. State of Formation<br>RI   |  |   |             |
| 6. Principal Office Address<br>136 TAUNTON AVENUE   |  | City<br>EAST PROVIDENCE   | State<br>RI |
|   |  | Zip<br>02914-3725   |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |             |
| Contact Name<br>KAYLA NEWMAN  |  | Contact Title<br>OWNER  |             |
| Street Address<br>136 TAUNTON AVENUE  |  | City<br>EAST PROVIDENCE   | State<br>RI |
|   |  | Zip<br>02914-3725   |             |
| 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<br>KAYLA NEWMAN   |  | Date<br>04/29/25  |             |
| Signature of Authorized Person<br>  |  |   |             |

**FILED**

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BY 219  


**MAIL TO:**

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