

State of Rhode Island Department of State - Business Services Division

FILED AND

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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.

1. Entity ID Number 001678114		2. Exact name of the Limited Liability Company MAVE'S EMPIRE BEAUTY SALON, LLC			
3. NAICS Code 412122	4. Brief description of the o	4. Brief description of the character of business conducted in Rhode Island BEAUTY SALON			
5. State of Formation RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
806 RESERVOIR A	/ENUE	CRANSTON	RI	02910	
7. Mailing Address of Limite	ed Liability Company and Name o	or Title of Contact Person			
Contact Name MAVELYN V. ROSARIO		Contact Title MANAGER			
Street Address 136 BELLEVUE AVENUE		City	State RI	^{Zip} 02907	
8. The Resident Agent info	rmation currently of record with th	e RI Department of State is accurate	e. Changes requir	e filing Form 642.	
9. Under penalty of perjui	ry, I declare and affirm that I ha tatements contained herein are	ve examined this report, including	any accompany	ring schedules and	
Name of Authorized Person			Date		
MAVELYN V. ROSARIO			02/04/2025		
Signature of Anthorized Pe	hue				

MAIL TO:

Division of Business Services

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