

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.

2025 JUH -6 A 11: 55

| | | | | 95 |
|--|--|---|-------------------|----------------------|
| 1 Entity ID Number | 2 Exact name of the Limi | ted Liability Company | - | |
| 001755701 | THE MELANATED ESTHILLC | | | |
| 3 NAICS Code 812112 | 4. Brief description of the character of business conducted in Rhode Island Provides esthetician (i.e., skin care) services | | | |
| 5 State of Formation | | | | |
| 6. Principal Office Address | | City | State | Zıp |
| 285 BULLOCKS POINT AVE | | RIVERSIDE | RI | 02918 |
| 7. Mailing Address of Limite | ed Liability Company and Name | or Title of Contact Person | ı | l . |
| Contact Name AALYSSA MOORE | | Contact Title SOLE MBR | | |
| Street Address 110 HARRIET ST., UNIT C | | City PROVIDENCE | State RI | ^{Zıp} 02905 |
| 8. The Resident Agent info | rmation currently of record with the | he RI Department of State is accurate | . Changes require | e filing Form 642 |
| | ry, I declare and affirm that I ha tatements contained herein ar | ave examined this report, including e true and correct. | any accompany | ring schedules and |
| Name of Authorized Persor | 1 | _ | Date | |
| AAKYSSA MOORE | Λ | | 1 411 | 2192 |
| Signature of Authorized Pe | koh | | | |
| $I \setminus I$ | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 6 2025