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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2025

->> 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 01722377	2. Exact name of the Limited Liability Company Hannaly Majestic LLC				
3. NAICS Code 812113	Brief description of the character of business conducted in Rhode Island Nails Salon				
5. State of Formation RI					
6. Principal Office Address		City	State	Zip	
21 Bancroft St		Auburn	MA	01501	
7. Mailing Address of Limite	d Liability Company and Name o	Title of Contact Person			
Contact Name Hanna Mu	i Ly	Contact Title Manager			
Street Address 622 George Washington Hwy		City Lincoln	State RI	^{Ζiρ} 02685	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is acc	curate. Changes require	e 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		Date	Date		
Hanna Mui Ly		06/24/20	06/24/2025		
Signature of Authorized Per	son _				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

