

State of Rhode Island Department of State - Business Services Division

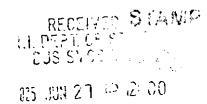
Annual Report for the year: **Limited Liability Company**

2025

->> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company				
01722377	Hannaly Majestic LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812113	Nails Salon	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	r Title of Contact Person			
Contact Name Hanna Mui Ly		Contact Title Manager			
Street Address 622 George Washington Hwy		City Lincoln	State RI	^{Zip} 02685	
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is acc	curate. Changes require	filing Form 642.	
	y, I declare and affirm that I hav tatements contained herein are		iding any accompany	ing schedules and	
Name of Authorized Person			Date		
Hanna Mui Ly			06/24/2025		
Signature of Authorized Per	rson	, <u>, , , , , , , , , , , , , , , , , , </u>			
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MAIL TO:

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