RI SOS Filing Number: 202577163430 Date: 7/24/2025 12:01:00 PM

State of Rhode Island Department of State - Business Services Division	EC'D F
Annual Report for the year: 2075 Limited Liability Company	4 am 11:
-> Filing period: February 1 - May 1	8SD :59:
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 	2

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1709098	A Rejuvenation SPA U.C				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
8212199	Beauty SPA				
5. State of Formation	35355 157 57 1				
LI					
6. Principal Office Address	l <u>.</u>	City	State	Zip	
1370 Cransta	nst	Cranstan	RI	03930	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person			
Contact Name		Contact Title			
tolniana M B	edriquez	vez Owner :.		<u>, </u>	
Street Address	9	City	State	Zip	
1735 Smith St		W. Providence	KT	103911	
8. The Resident Agent information	on currently of record with the RI E	epartment of State is accurate. Cl	hanges require	filing Form 642.	
	eclare and affirm that I have extended to the extended herein are true		y accompanyii	ng schedules and	
Name of Authorized Person			Date \	Date \ \	
Lariana M Rodriguez		- <u> </u>	Date 7/11/92		
Signature of Authorized Person		 			
1 He					
				<u> </u>	

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MAIL TO:

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

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