



State of Rhode Island  
**Department of State - Business Services Division**

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2020 SEP 21 PM 12:20

**Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
Krystal Rose Salon LLP		
2. The address of the principal office is:		
Street Address		
37 Beechnut Dr		
City/Town	State	Zip Code
Johnston	RI	02919
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name		
Street Address (NOT a P.O. Box)		
City/Town	State	Zip Code
	RHODE ISLAND	
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Krystal Parrillo	37 Beechnut Dr Johnston RI 02919	
Christopher Parrillo	37 Beechnut Dr Johnston RI 02919	
Check this box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** ✓  
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5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address  
83 Sandy Bottom Rd

City/Town  
Coventry

State  
RI

Zip Code  
02816

6. A brief statement of the business in which the partnership is engaged in:

Full Service Salon  
Hair, Skin, Nail Services

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner  
Krystal Parrillo

Date  
9/21/20

Signature of Resident Partner  
*Krystal Parrillo*

Type or Print Name of Partner  
Christopher Parrillo

Date  
9/21/20

Signature of Resident Partner  
*Christopher Parrillo*

Type or Print Name of Partner

Date

Signature of Resident Partner



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 21, 2020 12:20 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

