RI SOS Filing Number: 202450078800 Date: 4/3/2024 1:28:00 PM



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

2024

Limited Liability Company -> Filing period: February 1 - May 1

Annual Report for the year:

→ 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	2 Event name of the Limited Lie	hillh. Campan.		
•	2. Exact name of the Limited Liability Company			
522513	Studio Nail	s & Spa, LL	C	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
812113	Nail Salon			
5. State of Formation	10011 3011			
PI				
6. Principal Office Address		City	State	Zip
1000 Division S	+ #40	E. Greenwich	RI	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
TUSTIN LE				
Street Address		City	State	Zip 0.10
1000 DIVISION	J 24 #40	E. Greenwich	$R \perp$	02818
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require 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	
TUSTIN LE			4/03	124
Signature of Authorized Person				

FILED

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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