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State of Rhode Island

Department of State - Business Services Division

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

-> 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	2. Exact name of the Limited Liability Company			
522513	Studio Nail	s & Spa, LL	C	
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhot	de Island	
812113	Nail Sal	on		
5. State of Formation]	•		
PI				
6. Principal Office Address		City	State	Zip
1000 Division S	3 # 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	- 			<u> </u>
Street Address	1116	City	State	Zip COLV
1000 DIVIZIO	U 21 #10	E. Greenwich	RI	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 LES			4/03	124
Signature of Authorized Person				
m	un Z	······································		

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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