



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>197276</u>		2. Exact name of the limited liability company <u>Fredrick Barber Shop LLC</u>					
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Barber Shop</u>					
5. Principal office address <u>519B Hartford AV</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name <u>Fermin Vasquez</u>		Contact Title					
Street Address <u>53 Congress AV</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>			
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name		Manager Name		2015 APR 21 AM 11:38 SECRETARY OF STATE CORPORATIONS DIV			
Street Address		Street Address					
City	State	Zip	City			State	Zip
Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zip	City			State	Zip
8. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							

FILED

APR 21 2015

By 247342
KM

File Date _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

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.

Fermin Vasquez
 Signature of Authorized Person Date _____
Fermin Vasquez
 Print or Type Name of Authorized Person