

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 2015

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.

	2. Exact name of the limited liability company R & D Junkins, LLC				
1	Brief description of the character of business conducted in Rhode Island Barber shop				
ss renue		City Warwick	State RI	Zip 02888	
LIMITED LIABILIT	Y COMPANY AND		PERSON:		
		Contact Title			
enue		City Warwick	State RI	Zip 02888	
(NAMES AND ADD IMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
		Manager Name	Manager Name		
		Street Address			
State	Zip	City	State	Zip	
	I	Manager Name			
		Street Address			
State	Zip	City	State	Zip	
RHODE ISLAND			<u> </u>		
	e Office of the Sec	retary of State, Changes requir	e filing Form 642.	***************************************	
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	4. Brief desc Barber sl ue LIMITED LIABILIT ue (NAMES AND ADD MENT) State	R & D Junkins, LLC 4. Brief description of the charact Barber shop ue LIMITED LIABILITY COMPANY AND ue (NAMES AND ADDRESSES) OF THE MENT) State Zip State Zip	4. Brief description of the character of business conducted in Rho Barber shop City Warwick LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT Contact Title City Warwick (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, MENT) Manager Name Street Address State Zip City Manager Name Street Address Street Address Street Address City City City City City City City Cit	A. Brief description of the character of business conducted in Rhode Island Barber shop City Warwick RI LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title City Warwick RI (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DOMENT) Manager Name Street Address State Manager Name Street Address State State State City State State State City State City State Manager Name Street Address	

		Under penalty of perjury, I declare and affirm that I h		
File Date	007 2 S 201 5	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	2-187	Exander Tumbrino	10-21-15	
By:	73005	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012