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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.**

1. Entity ID No.	2. Exact name of the limited liability company		
936513	**WESTSIDE BARBER COMPANY, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**Men's hair salon and hair design shop**		
5. Principal office address	City	State	Zip
328 Atwells Avenue	**Providence**	**RI**	**02903**

6. Contact Name	Contact Title
John D. Biafore	**Attorney**

Street Address	City	State	Zip
478A Broadway	**Providence**	**RI**	**02909**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY IF APPLICABLE) (DO NOT LIST MORE THAN 4 MANAGERS OR ATTACH ADDENDUM) ☐

Manager Name	Street Address	City	State	Zip
Daniel J. Dumenigo	**2955 Elm Street**	**Dighton**	**MA**	**02715**
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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
DEC 01 2015
BY 172 03

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.

Signature of Authorized Person — Date: 11/30/15

Daniel J. Dumenigo, Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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