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R.I. DEPT. OF STATE
BUS SVES DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 OCT -2 P 1: 36

- → Filing period: September 1 November 1
- → Filing Fee. \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

		_	··· · ·		
Entity ID Number 2. Exact name of the Limited Liability Company					
1683167 L And 1 BAN ben Shop LLC					
3. NAICS Code 4 Brief description of the character of business conducted in Rhode Island					
State of Formation Barber Shop.					
RI					
6. Principal Office Address	<u>. </u>	/	City	State	Zıp
233 DOUGHEAU. UNITC-1			Providence	Kt	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Conta Name STIAW	Reye		Contact Title OWNER		
Street Address	ce st	not 2	City Paw I dence	State	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City.a /	State.	Zip	City	State	Zıp
Manager Name	<u> </u>	<u> </u>	Manager Name		
Stroke Addrew			Street Address		
City	State	Z12. ~ -38	City	State	Zıp
Check the box to indicate an attachment					
9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
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	
Mufina reges					
Signature of Authorized Parson					
See Hele					

MAIL TO:

Division of Business Services

148 W. River Street, Providence Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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BY TANPG