RI SOS Filing Number: 202043405970 Date: 6/26/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 **Limited Liability Company**

→ Filing Fee: \$50.00

→ Filing period: September 1 - November 1

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| FILED |
|-------------------|
| JUN 26 2020 BY |

| 1. Entity ID Number 001681261 | | 2. Exact name of the Limited Liability Company The Reform Men's Styling House LLC | | | | |
|----------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|----------------------|--|
| 3. NAICS Code 812111 | | Brief description of the character of business conducted in Rhode Island Men's styling house barber shop | | | | |
| 5. State of Formation RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 164 Main Street | | | East Greenwich | RI | 02818 | |
| 7. Mailing Address of Limited L | • | y and Name or Tit | | <u>.</u> | | |
| Contact Name Donald A. Pedder | | | Contact Title Manager | | | |
| Street Address 164 Main Street | | | City East Greenwich | State RI | ^{Zip} 02818 | |
| | | of the Limited Lia | bility Company, IF APPLICABL | E - DO NOT LIST | MEMBERS | |
| Manager Name Donald A. Pedder | | | Manager Name | | | |
| Street Address 100 4th Avenue | | | Street Address | | | |
| City Cranston | State RI | Zip 02910 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode Is | land. This informa | ation is currently of re | ecord with the Department of State | . Changes require fili | ng Form 642. | |
| Under penalty of perjury, I d statements, and that all stat | | | mined this report, including see and correct. | any accompanyir | ng schedules and | |
| Name of Authorized Person Donald A. Pedder Oate Oate | | | | | 24-2620 | |
| Signature of Authorized Person | mall | \$!G(: 0 | DOS JENT HOLEL | | | |

MAIL TO:

Division of Business Services

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

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