State of Rhode Island
Department of State - Business Services Division

FILED
OCT 26 2020
BY 2480 CS

Annual Report for the year: 2020
Limited Liability Company
→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1 Entity ID Number	2. Exact name of the Limited Liability Company		
1669150	Allison Barbera Beauty, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
812112	Esthetic services		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
416 Spring Street	Newport	RI	02840

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Allison M. Barbera	Manager		
Street Address	City	State	Zip
P.O. Box 1473	Newport	RI	02840

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Allison M. Barbera					
Street Address			Street Address		
P.O. Box 1473					
City	State	Zip	City	State	Zip
Newport	RI	02840			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. 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
Allison M. Barbera, Manager	10/12/2020

Signature of Authorized Person

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov