| | State of Rhode Office of the Secret | | Fee: \$50.00 |
|--|---|---|--------------------|
| Division Of Business Services 148 W. River Street | | | |
| HOPE | Providence RI 029 (401) 222-30 | | |
| Limited Liability Com | pany | | |
| Annual Report Filing Period: September 1 | - November 1 | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2020 | | | |
| 1. ID No. <u>000487484</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>PR HAIR SALON/BARBER SHOP, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. | | | |
| <u>812111</u> | | | |
| 4. Brief Description of th | e Character of the Business Whic | h is Actually Conducted in | Rhode Island |
| SALON AND BARBER | <u>SHOP</u> | | |
| 5. Principal Office Addre | SS | | |
| | LVER LAKE AVENUE | | |
| City or Town: <u>PROV</u> | <u>VIDENCE</u> S | tate: <u>RI</u> Zip: <u>02909</u> C | ountry: <u>USA</u> |
| 6. Mailing Address of Lir | nited Liability Company and Nam | e or Title of Contact Persor | 1: |
| | FIGUEROA Contact Title: | | |
| | <u>VER LAKE AVENUE</u> <u>(IDENCE</u> St | ate: <u>RI</u> Zip: <u>02909</u> C | ountry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| MANAGER | JOSE E. FIGUEROA | 73 WISDOM A PROVIDENCE, RI 029 | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANTONIO M. FORTES 11 WALKER LANE COVENTRY, RI 02816

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2020 at 10:24:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTONIO P FORTES

Signature of Authorized Person

Form No. 632 Revised 09/07

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