State of Rhode Is	land			_		
/ <b>E</b> ar \		siness Serv	ices Division	_		
Annual Report for t Limited Liability Co → Filing period: Septe → Filing Fee: \$50.00 → Penalty: Additional \$	mpany mber 1 - Novemi	ber 1	ecember 1.	_	RIL DEPT. OF STATE BUS SVCS DIV	
1. Entity ID Number		2. Exact name of the Limited Liability Company				
001679078	THE USU.	THE USUALS LLC				
3. NAICS Code 812111		Brief description of the character of business conducted in Rhode Island BARBER SERVICES				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
6 LINCOLN AVE			LINCOLN	RI	02865	
7. Mailing Address of Limit	<u> </u>	any and Name o				
Contact Name WILLIAM LIMA			Contact Title PRESIDEN	Contact Title PRESIDENT		
Street Address 6 LINCOLN AVE			City LINCOLN	State RI	Zip 02865	
8. List ALL managers (na	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name	I	1	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zin	City	State	Zin	

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

WILLIAM LIMA

Date 12/31/2020

Check the box to indicate an attachment

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 FILED