



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation _____

FEB 24 2021 STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 11222
ea

1. Entity ID Number 000141032		2. Exact name of the Corporation <u>De Clasicos Hair Salon LLC</u>			
3. Principal Office Address 981 Broad St			City Providence	State RI	Zip 02905
4. NAICS Code <u>812111</u>		6. Brief description of the character of business conducted in Rhode Island Barbershop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jhoel Cuello			Vice-President Name Edgar Perez		
Street Address 94 Sassafr St			Street Address 577 Cranston St.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE 0.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Jhoel Cuello				Date 02/19/2021	
Signature of Authorized Representative <i>Jhoel Cuello</i>					

MAIL TO:
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