

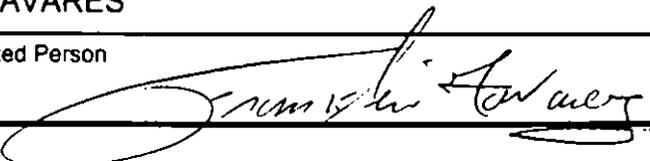


State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 BUS SVCS DIV  
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|   |  |  |                           |                     |
|---|--|--|---------------------------|---------------------|
| 1. Entity ID Number<br><b>001709535</b>   |  | 2. Exact name of the Limited Liability Company<br><b>DUBAI BARBERSHOP, LLC</b>                   |                           |                     |
| 3. NAICS Code<br><b>812111</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Barbershop</b> |                           |                     |
| 5. State of Formation<br><b>RI</b>  |  |  |                           |                     |
| 6. Principal Office Address<br><b>728 BROAD STREET</b>  |  | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b>        | Zip<br><b>02907</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                           |                     |
| Contact Name <b>FRANKLIN TAVARES</b>  |  | Contact Title <b>Manager</b>   |                           |                     |
| Street Address <b>728 BROAD STREET</b>  |  | City <b>PROVIDENCE</b>   | State <b>RI</b>           | Zip <b>02907</b>    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |                           |                     |
| <i>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.</i> |  |  |                           |                     |
| Name of Authorized Person<br><b>FRANKLIN TAVARES</b>  |  |  | Date<br><b>02/01/2023</b> |                     |
| Signature of Authorized Person<br>   |  |  |                           |                     |

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**MAIL TO:**  
 Division of Business Services  
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