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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **Limited Liability Company**

MAY 1 0 2024

→ Filing period: Fébruary 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001750951	FRESHMEN BARBER SHOP, LLC				
3. NAICS Code 812111 5. State of Formation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island BARBER SHOP				
6. Principal Office Address	<u> </u>	City	State	· Zip	
1481 ATWOOD AVENUE		JOHNSTON	RI	02919	
7. Mailing Address of Limited L	iability Company and Name or T	itle of Contact Person			
Contact Name MANUEL A. JIMENEZ MORALES		Contact Title MANAGER			
Street Address 69 BARROWS STREET		City PROVIDENCE	State	^{Zip} 02909	
8. The Resident Agent information	tion currently of record with the F	RI Department of State is accurate	e. Changes requir	e filing Form 642.	
9. Under penalty of perjury, I	declare and affirm that I have ments contained herein are tr	examined this report, including ue and correct.	any accompany	ing schedules and	
Name of Authorized Person			Date	Date	
MANUEL A. JIMENEZ	MORALES		05/07/2024		
Signature of Authorized Person Wantel Tumb	ue				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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