RI SOS Filing Number: 202562920220 Date: 1/17/2025 3:53:00 PM

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State of Rhode Island Department of State - Business Services Division					JAN I	JAN J		
Annual Report for the year		iess services	Division		7	AID.		
Corporation	ar: 2024	<u>-</u>			ప్	 		
Filing period: February 1 - May 1					55	RIDOS ESD 17 PM3:50:13		
→ Filing Fee: \$50.00					···	Ö		
→ Penalty: Additional \$25					<u> </u>			
1. Entity ID Number		2. Exact name of the Corporation						
001657299	JENZO E	ENZO BARBER SHOP, INC						
3. Principal Office Address				City State Zip				
172 ATWELLS AVENUE			PROV	IDENCE	RI	02903		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhod						
812111	BARBER	BARBER SHOP						
5. State of Incorporation								
RI	1							
7 List ALL officers (names on	d addragae)							
7. List ALL officers (names and addresses) President Name 71AD EL CHORDA				Check the box to indicate an attachment Vce-Pres dent Name 714 P. F. O. 10 P. D. 1				
ZIAD EL GHOBRY				V ce-Pres dent Name ZIAD EL GHOBRY				
Street Address 152 NAPLES AVE				Street Address 152 NAPLES AVE				
City WARWICK	State RI	^{Zip} 02886	City WARWICK		I .	RI 02886		
Secretary Name ZIAD EL G	HOBRY		Treasurer	Name ZIAD EL C	SHOBRY	, <u>.</u>		
Stree: Address 152 NAPLE	ES AVE	<u> </u>	Street Add	152 NAPL	ES AVE			
City WARWICK	State RI	^{Zip} 02886	City WARWICK		State F	State RI 210 02886		
8. List ALL directors (names a Director Name	nd addresses)		· · · · · · · · · · · · · · · · · · ·	Check t	he box to indi	cate an attachment [
Director Nathe			Director N	ame				
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	C ty		State	Zip		
9. Shares Authorized		10. Shares Issu	ied.	Charle	the how to indi	cato an attacher - 1		
This information is currently of	record in the	NUMBER OF	SHARES	CLASS/S	SER ES	cate an attachment		
Department of State.		0		CNP		0.00		
Changes require an additional (iling.	· · · · · · · · · · · · · · · · · · ·	 -	-	<u>.</u>			
11. This report must be execu	ted on behalf of the	corporation by an a	uthorized re-	Tresentative If the o	ornoration in	n the hands of a se		
ceiver or trustee, this report m	<u>ust de executed on</u>	hehalf of the corpor	ation by the	receiver or trustee				
Under penalty of perjury, I d	eclare and affirm t	hat I have examine	ed this repor	rt, including any ac	companying	schedules and		
statements, and that all stat Name of Authorized Represer	uniems contained Itative	nerein are true and	a correct.		Date	<u> </u>		
ZIAD EL GHOBRY ——Signed by:					' ' '	/2024		
Signature of Authorized Repre	sentative	PO)		FILED	<u> </u>			
MAIL TO:	105	4012CDD60447			<u> </u>	<u>~ ^ </u>		
Division of Business Services	10F	4012CDD60417		JAN 17 ZUZ		11.0.23		

48 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov BY WYYDY TILL 35

FORM 636- Revised: 12/2023