

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

REC'D RHODES ESD
25 JAN 17 PM 3:50:13

1. Entity ID Number 001657299		2. Exact name of the Corporation ENZO BARBER SHOP, INC			
3. Principal Office Address 172 ATWELLS AVENUE			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 812111		6. Brief description of the character of business conducted in Rhode Island BARBER SHOP			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ZIAD EL GHOBRY			Vice-President Name ZIAD EL GHOBRY		
Street Address 152 NAPLES AVE			Street Address 152 NAPLES AVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name ZIAD EL GHOBRY			Treasurer Name ZIAD EL GHOBRY		
Street Address 152 NAPLES AVE			Street Address 152 NAPLES AVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/STKES PAR VALUE		
Changes require an additional filing.			0	CNP	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 ZIAD EL GHOBRY				Date 12/10/2024	
Signature of Authorized Representative				Signed by:	

FILED