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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 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 Corporation		
001657299	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 ☐

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 ☐

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
ZIAD EL GHOBRY	12/10/2024

Signature of Authorized Representative — Signed by: 18F4012CDD60417

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630- Revised: 12-2023