

## **Department of State - Business Services Division**

Annual Report for the year:
Limited Liability Company

STAMP

FOR SECRETARY OF STATE USE ONLY

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.

Entity ID Number	2 Exact name of the Limited Liability Company				
0017-27-295	Vibes & Vision Barbersalon 120				
3. NAICŞ Code	4. Brief description of the character of business conducted in Rhode Island				
<b>1</b> 817111	Line of we are in business to cut hair &				
5. State of Formation	14. Me B. We are son Deutsness to Cut ham &				
R.T.	make the	lus bapoz		į.	
6. Principal Office Address		City	State	Zip	
500 Smithfield Ace		rawliket	YI.	62160	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Keing Jueners		aurer			
Street Address U // .		City	State	Zip 1011	
O CROWNSH		With MU	[K+	0074	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Person			Date		
Ven, Suenero			2-3-25		
Signature of Authorized Person					
Cem Sumo					
X					

FILED

FEB 3 2025

BY 480AZ

MAIL TO:

**Division of Business Services** 

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

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