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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
00-175-88-93	Dakey Ba	rbershop.	<u>LL</u> () 		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation						
RF	Barbeshot	?				
6. Principal Office Address	1 .	City	State	Zip		
483 Cra	Stos Street	Providence	RI	02907		
6. Principal Office Address City State Zip 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Dayana (rele t	845-300-9356.				
Street Address 234 Harris	en Steet	CHY Pawtu (Ket	State	21p 62860		
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			
Dayana Xeie 7						
Signature of Authorized Person						
DODE X						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 12/2023