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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	tity ID Number 2. Event name of the Limited Liability Company						
·	2. Exact name of the Limited Liability Company						
001754432	MASTER BARBER SHOP LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
812111	Barbeshap						
5. State of Formation] • • • • • • • • • • • • • • • • • • •						
RI			•				
6. Principal Office Address		City	State	Zip			
265 UNION AVE		PROVIDENCE	RI	02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Wilber Peña Columna		Wilber Peña Columna					
Street Address		City_	State	Zip			
265 Union are 1		Providence	RI	00909			
8. The Resident Agent information currently of record with the Rt 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	Columna	Date 04/21/9095					
Signature of Authorized Person Willer F.							

FILED

APR 21 2025

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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