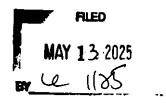
State of Rhode Island Department of State - Business Services Division STALTP Annual Report for the year: 2025 **Limited Liability Company** → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Limited Liability Company Ċΰ  $\mathcal{C}$ 001723539 TALERD, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island FULL SERVICE BARBER 812111 5. State of Formation 6. Principal Office Address State Zip City 137 LONGWOOD AVENUE 02908 PROVIDENCE RI7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title JAY MASON A. HEMOND OWNER Street Address City Zip State 137 LONGWOOD AVENUE PROVIDENCE 02908 RI8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 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 JAY MASON A. HEMOND 3/19/25 Signature of Authorized Person

RI SOS Filing Number: 202573071270 Date: 5/13/2025 4:00:00 PM



## MAIL TO:

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