



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

| [LOGOUT](#) |



ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000070423

2. Name of Corporation Revive Inc.

3. Street Address Principal Business Office:

No. and Street: 2515 EAST MAIN ROAD

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

4. Business Phone No.

4016830110

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A HAIR SALON

FILED

DEC 21 2015

BY 11655

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title

Individual Name

Address

Delete	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SHARON L PHELAN	145 HAMMOCK AVENUE PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	MARY E FERREIRA	41 SECOND STREET NEWPORT, RI 02871 USA

Select From Below ▼ Title:

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: 41 Second Street City: Newport State: Rh Zip: 02840 Country: USA
 Clear Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	500.00	200.00

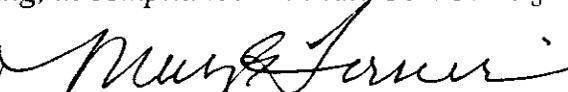
9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: mary ferreira
 Business Name: Revive Salon
 No. and Street: 2515 EAST MAIN ROAD Principal Office ▼
 City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA
 Contact Phone: 4016930110 ext: _____
 Contact Email: revive@revive.necoxmail.com Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 15 Day of December, 2015 at 2:49:16 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By 
 Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of

- Accept Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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