



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 652131		2. Exact name of the Corporation ARETE' SALON, INC.						
3. Principal office address 190 PUTNAM PIKE		City JOHNSTON		State RI	Zip 02919			
4. Business Phone No. (401) 623-1631		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island HAIR SALON								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
President Name ALICIA MELE-BENDZA			Vice-President Name ALICIA MELE-BENDZA					
Street Address 2355 BRONCOS HIGHWAY			Street Address 2355 BRONCOS HIGHWAY					
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830			
Secretary Name ALICIA MELE-BENDZA			Treasurer Name ALICIA MELE-BENDZA					
Street Address 2355 BRONCOS HIGHWAY			Street Address 2355 BRONCOS HIGHWAY					
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE EAST PROVIDENCE	State RI	Zip 02830			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
Director Name NONE			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						50	COMMON	NO PAR

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Alicia Mele-Bendza
Signature of Authorized Representative

2-14-16
Date

ALICIA MELE-BENDZA

Print or Type Name of Authorized Representative