State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
127035	Von Curtis, Inc.		
3. Principal Office Address	City	State	Zip
700 East Avenue	Warwick	RI	02886
4. NAICS Code: 61 - Educational Services	6. Brief description of the character of business conducted in Rhode Island: Cosmetology School		
5. State of Incorporation: UT			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Winn Claybaugh			Vice-President Name: NONE		
Street Address: c/o 9756 S. Sandy Parkway			Street Address:		
City: Sandy	State: UT	Zip: 84070	City:	State:	Zip:
Secretary Name: Jeanne Claybaugh			Treasurer Name: Jeanned Claybaugh		
Street Address: c/o 9756 S. Sandy Parkway			Street Address: c/o 9756 S. Sandy Parkway		
City: Sandy	State: UT	Zip: 84070	City: Sandy	State: UT	Zip: 84070

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Winn Claybaugh			Director Name: NONE		
Street Address: c/o 9756 S. Sandy Parkway			Street Address:		
City: Sandy	State: UT	Zip: 84070	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,000	Common	No Par

11. 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.

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 Representative: Winn Claybaugh

Date: 2/14/17

Signature of Authorized Representative: ×

FILED
FEB 21 2017
BY 193795

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016