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 |
|---|---|
| **645773** | **Hair Sanity, Inc.** |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **19A Smith Avenue** | **Greenville** | **RI** | **02828** |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| **81 - Other Services (except Put** | **To provide hair and nail services.** |
| 5. State of Incorporation | |
| **Rhode Island** | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name **Britt M. Seugling** | | | Vice-President Name **Britt M. Seugling** | | |
| Street Address **17 Smith Avenue** | | | Street Address **17 Smith Avenue** | | |
| City **Greenville** | State **RI** | Zip **02828** | City **Greenville** | State **RI** | Zip **02828** |
| Secretary Name **Britt M. Seugling** | | | Treasurer Name **Britt M. Seugling** | | |
| Street Address **17 Smith Avenue** | | | Street Address **17 Smith Avenue** | | |
| City **Greenville** | State **RI** | Zip **02828** | City **Greenville** | State **RI** | Zip **02828** |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name | | | 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 — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | **100** | **CNP** | **$0.00** |
| | | | |

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 | Date |
|---|---|
| **Britt M. Seugling** | **2-15-17** |

Signature of Authorized Representative

Britt M Seugling

**FILED**

FEB 21 2017

BY 1350

**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