



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 21351		2. Exact name of the Corporation Powder Box Coiffure			
3. Principal Office Address 1676 Broad Street			City Cranston	State RI	Zip 02905
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Hair Salon			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Belmire L. Sousa			Vice-President Name Belmire L. Sousa		
Street Address 1676 Broad Street			Street Address 1676 Broad Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	No Par Value
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 Belmire L. Sousa				Date 03-15-17	
Signature of Authorized Representative <i>Belmire L. Sousa</i> FILED					

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

MAR 27 2017

BY *Bala*