



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 000485558		2. Exact name of the Corporation n'style Salon + Spa Inc.			
3. Principal Office Address 1220 Fish Road		City Tiverton		State RI	Zip 02878
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island operation of Beauty 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 Roberta M Medeiros			Vice President Name Roberta M Medeiros		
Street Address 254 Christopher Ave			Street Address 254 christopher Ave		
City Tiverton		State RI	Zip 02878	City Tiverton	
Secretary Name Roberta M Medeiros		Treasurer Name Roberta M Medeiros			
Street Address 254 Christopher Ave			Street Address 254 christopher Ave		
City Tiverton		State RI	Zip 02878	City Tiverton	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Roberta M Medeiros			Director Name		
Street Address 254 christopher Ave			Street Address		
City Tiverton,		State RI	Zip 02878	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Roberta M Medeiros				Date 3/29/17	
Signature of Authorized Representative <i>Roberta m medeiros</i>					

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

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