



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 38535		2. Exact name of the Corporation ROBERT ANTHONY INC			
3. Principal Office Address 140 POINT JUDITH ROAD			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 81 - Other Services (except <input type="checkbox"/>)		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 MARION F AVARISTA			Vice-President Name		
Street Address 140 POINT JUDITH ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name MARION F AVARISTA		
Street Address			Street Address 140 POINT JUDITH ROAD		
City	State	Zip	City NARRAGANSETT	State RI	Zip 02882
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
		10	NONE	0	
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 MARION F AVARISTA				Date 3-24-17	
Signature of Authorized Representative <i>Marion F Avarista</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

FILED

APR 03 2017 *DZ*

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