



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 05 2018

Annual Report for the year:

2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

1176

1. Entity ID Number <u>000067476</u>		2. Exact name of the Corporation <u>SHEARS OF CUMBERLAND INC</u>			
3. Principal Office Address <u>1390 MENDON RD</u>			City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>
4. NAICS Code <u>812111</u>		6. Brief description of the character of business conducted in Rhode Island <u>BARBER-HAIR STYLIST</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>SANDRA B LECOURS</u>			Vice-President Name		
Street Address <u>1390 MENDON RD</u>			Street Address		
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name			Treasurer Name <u>NORMAN E LECOURS</u>		
Street Address			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
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 <u>1000</u>		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>NONE</u>		<u>COMMON</u>	<u>.01</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Sandra B Lecours</u>					Date <u>1-2-18</u>
Signature of Authorized Representative <u>Sandra B Lecours</u>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017