



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

1. Entity ID Number <b>000043022</b>		2. Exact name of the Corporation <b>SALON APOLONIA INC.</b>	
3. Principal Office Address <b>338 COWSETT AVE.</b>		City <b>W. WARWICK</b>	State <b>RI</b>
		Zip <b>02893</b>	
4. NAICS Code <b>812112</b>	6. Brief description of the character of business conducted in Rhode Island <b>COSMETOLOGY - HAIR SALON</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>DEBRA L. APOLONIA</b>		Vice-President Name <b>FELIX M. APOLONIA</b>	
Street Address <b>10 FERNWOOD DRIVE</b>		Street Address <b>10 FERNWOOD DRIVE</b>	
City <b>W. WARWICK</b>	State <b>RI</b>	City <b>W. WARWICK</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02893</b>	
Secretary Name <b>DEBRA L. APOLONIA</b>		Treasurer Name <b>FELIX M. APOLONIA</b>	
Street Address <b>10 FERNWOOD DRIVE</b>		Street Address <b>10 FERNWOOD DRIVE</b>	
City <b>W. WARWICK</b>	State <b>RI</b>	City <b>W. WARWICK</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02893</b>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <b>500 NO PAR VALUE</b> <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>100</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>DEBRA L. APOLONIA</b>		Date <b>2-16-18</b>	
Signature of Authorized Representative <i>Debra L. Apolonia (Pres)</i>		<b>FILED</b> <b>FEB 20 2018</b>	

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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