



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 000043022	2. Exact name of the Corporation SALON APOLONIA INC.		
3. Principal Office Address 338 CONESETT AVE.		City W. WARWICK	State RI
		Zip 02893	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island COSMETOLOGY - 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 DEBRA L. APOLONIA				Vice-President Name FELIX M. APOLONIA			
Street Address 10 FERNWOOD DRIVE				Street Address 10 FERNWOOD DRIVE			
City W. WARWICK		State RI		City W. WARWICK		State RI	
		Zip 02893				Zip 02893	
Secretary Name DEBRA L. APOLONIA				Treasurer Name FELIX M. APOLONIA			
Street Address 10 FERNWOOD DRIVE				Street Address 10 FERNWOOD DRIVE			
City W. WARWICK		State RI		City W. WARWICK		State RI	
		Zip 02893				Zip 02893	

8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE				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 500 NO PAR VALUE		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	
		100			
				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 DEBRA L. APOLONIA		Date 2-16-18
Signature of Authorized Representative <i>Debra L. Apollonia (Pres)</i>		FILED FEB 20 2018

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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