



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>3351</b>		2. Exact name of the Corporation <b>THE CABORET SALON OF BEAUTY, INC.</b>												
3. Principal Office Address <b>35 CONSTITUTION STREET</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>									
4. NAICS Code <b>81212</b>		6. Brief description of the character of business conducted in Rhode Island <b>THE OPERATION OF A BEAUTY SALON</b>												
5. State of Incorporation <b>RHODE ISLAND</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>ANTONETTE MORAN</b>			Vice-President Name <b>JO-ANN PASQUAL</b>											
Street Address <b>6 WOBURN STREET</b>			Street Address <b>221 HOPE STREET, APT. 9</b>											
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>									
Secretary Name <b>ANALEE TAVARES</b>			Treasurer Name <b>BEATRICE LAVEY</b>											
Street Address <b>14 MEADOW LANE</b>			Street Address <b>38 BEACHMOUNT AVENUE</b>											
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</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>JO-ANN PASQUAL</b>			Director Name <b>BEATRICE LAVEY</b>											
Street Address <b>221 HOPE STREET, APT. 9</b>			Street Address <b>38 BEACHMOUNT AVENUE</b>											
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>									
Director Name <b>ANNALEE TAVARES</b>			Director Name <b>ANTONETTE MORAN</b>											
Street Address <b>14 MEADOW LANE</b>			Street Address <b>6 WOBURN STREET</b>											
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>									
9. Shares Authorized		10. Shares Issued <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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;"><b>480</b></td> <td style="text-align:center;"><b>COMMON</b></td> <td style="text-align:center;"><b>NO PAR</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>480</b>	<b>COMMON</b>	<b>NO PAR</b>			
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		<b>480</b>	<b>COMMON</b>	<b>NO PAR</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. 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 <b>ANTONETTE MORAN</b>					Date <b>1-6-18</b>									
Signature of Authorized Representative <i>Antonette Moran</i> SIGN DOCUMENT <b>FILED</b>														

MAIL TO:  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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