



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 3351		2. Exact name of the Corporation THE CABORET SALON OF BEAUTY, INC.			
3. Principal Office Address 35 CONSTITUTION STREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 81212		6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A BEAUTY SALON			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTONETTE MORAN			Vice-President Name JO-ANN PASQUAL		
Street Address 6 WOBURN STREET			Street Address 221 HOPE STREET, APT. 9		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ANALEE TAVARES			Treasurer Name BEATRICE LAVEY		
Street Address 14 MEADOW LANE			Street Address 38 BEACHMOUNT AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JO-ANN PASQUAL			Director Name BEATRICE LAVEY		
Street Address 221 HOPE STREET, APT. 9			Street Address 38 BEACHMOUNT AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name ANNALEE TAVARES			Director Name ANTONETTE MORAN		
Street Address 14 MEADOW LANE			Street Address 6 WOBURN STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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
		480		COMMON	NO PAR
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 ANTONETTE MORAN					Date 1-6-18
Signature of Authorized Representative <i>Antonette Moran</i> SIGN DOCUMENT FILED <i>sw</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

BY 6960

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