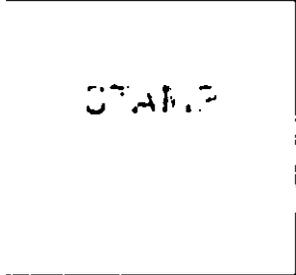




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 4448		2. Exact name of the Corporation ENEIDA VANN HAIR DESIGNS, INC	
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN	State RI
		Zip 02865	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island OPERATION AND MAINTENANCE OF HAIRDRESSING		
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 ENEIDA VANN		Vice-President Name ENEIDA VANN	
Street Address 830 RIVER ROAD		Street Address 830 RIVER ROAD	
City MARSTONS MILLS	State MA	Zip 02648	City MARSTONS MILLS
			State MA
			Zip 02648
Secretary Name ENEIDA VANN		Treasurer Name ENEIDA VANN	
Street Address 830 RIVER ROAD		Street Address 830 RIVER ROAD	
City MARSTONS MILLS	State MA	Zip 02648	City MARSTONS MILLS
			State MA
			Zip 02648
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ENEIDA VANN		Director Name	
Street Address 830 RIVER ROAD		Street Address	
City MARSTONS MILLS	State MA	Zip 02648	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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	
		1000	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 ENEIDA VANN, PRESIDENT			Date 2/26/18
Signature of Authorized Representative <i>Eneida Vann</i> SIGN DOCUMENT HERE FILED			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 01 2018
 BY WOS DS