



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

STAMP

FOR

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 941665		2. Exact name of the Corporation AN, INC			
3. Principal Office Address 1366 BROAD STREET			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 44 <i>H31390</i>		6. Brief description of the character of business conducted in Rhode Island BEAUTY SUPPLIES			
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 DEYDAMIA ALMONTE			Vice-President Name SAME		
Street Address 29 WILDWOOD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DEYDAMIA ALMONTE			Director Name		
Street Address 29 WILDWOOD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		2,000.00	CNP	\$0.0100	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative DEYDAMIA ALMONTE					Date 03/01/2018
Signature of Authorized Representative <i>Deydamia Almonte</i>					FILE
SIGN DOCUMENT HERE					MAR 1 9 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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