



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 130798		2. Exact name of the Corporation RHONDA & CO., INC.			
3. Principal Office Address 80 VINCENT AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 81 212	6. Brief description of the character of business conducted in Rhode Island HAIR STYLING				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name RHONDA AMARAL			Vice-President Name SAME		
Street Address 80 VINCENT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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 ☐
Director Name RHONDA AMARAL			Director Name		
Street Address 80 VINCENT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NPV	
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 RHONDA AMARAL					Date 01/27/2018
Signature of Authorized Representative <i>Rhonda Amaral</i>					

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

FILED

MAR 16 2018

BY - 533 DS

FORM 630 - Revised: 10/2017