



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.

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 APR 11 AM 9:05

1. Entity ID Number <u>96416</u>		2. Exact name of the Corporation <u>Lizjoe, Inc.</u>			
3. Principal Office Address <u>10 Cypress Drive</u>			City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>
4. NAICS Code <u>812118</u>		6. Brief description of the character of business conducted in Rhode Island <u>Hair Salon</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Katie Tashash</u>			Vice-President Name <u>Joseph Tashash</u>		
Street Address <u>10 Cypress Drive</u>			Street Address <u>10 Cypress Drive</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>
Secretary Name <u>Katie Tashash</u>			Treasurer Name <u>Joseph Tashash</u>		
Street Address <u>10 Cypress Drive</u>			Street Address <u>10 Cypress Drive</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>SAME</u>			Director Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	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 ☐		
			NUMBER OF SHARES <u>10.0</u>	CLASS/SERIES <u>Common/No par</u>	PAR VALUE <u>0</u>
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 <u>Joseph Tashash</u>			Date <u>4/11/2018</u>		
Signature of Authorized Representative 			APR 11 2018		