State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Rep**

**Corporation** 2018

→ Filing perio

→ Filing Fee:

→ Penalty: Additional $25.00 fee if form is not fled by April 1.

**STAMP**

List the corporation's ID number. The ID number can be found by looking up your entity in the Corporate Database.

List the name of the corporation. The entity name can be verified through the Corporate Database.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000041302 | Wavelengths Salon & SPA, Inc |

List the address of the main business office of the corporation.

| 3. Principal Office Address | | State | Zip |
|---|---|---|---|
| 18 Bellevue Ave | Newport | RI | 02840 |

Complete the six digit NAICS code that describes the primary type of business in which the entity engages. See instructions for further information.

| 4. NAICS Code | ted in Rhode Island |
|---|---|
| 812990 | Salon and Spa Services |

List the type of business the corporation is engaged in Rhode Island.

5. State of Incorporation: RI

List the state under whose laws the company was formed.

List the names and addresses of the officers, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.

| 7. [illegible] ses) | e box to indicate an attachment ☐ |
|---|---|
| Street Address: 68 Mallet Terrace | |

| City | State | Zip | City | State | Zip |
|---|---|---|---|---|---|
| Portsmouth | RI | 02871 | | | |

| Secretary Name | Treasurer Name |
|---|---|
| N/A | — |
| Street Address: — | Street Address: — |

| City | State | Zip | City | State | Zip |
|---|---|---|---|---|---|
| | | | | | |

List the names and addresses of the directors, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.

| 8. List ALL directors (names and addresses) | Check the box to indicate an attachment ☐ |
|---|---|
| Director Name: N/A | |
| Street Address: | |

| City | State | | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Director Nar |
|---|---|
| Street Address | Street Addre |

| City | State | Zip | City |
|---|---|---|---|
| | | | |

Include the number of issued shares, as well as, their respective class/series and par value. If you require additional space check the attachment box and be sure on include the entity ID number on the attachment.

| 9. Shares Authorized | 10. Shares Issued | | Check the box to indicate an attachment ☐ |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 1,000 | | 0 |

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, in[illegible] statements, and that all statements contained herein are true and correct.***

An authorized representative **MUST** sign and date the annual report.

Name of Authorized Representative

Signature of Authorized Representative: D'ann G Scott owner/President SIGN DOCUMENT HERE

FILED

SEP 26 2018

BY 2018 DS

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