



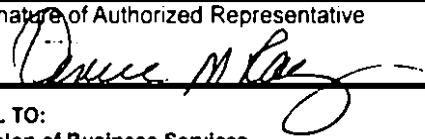
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

ST. MP

1. Entity ID Number 000794433		2. Exact name of the Corporation The Hair Pin Inc.			
3. Principal Office Address 588 South Main Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair Cutting & Styling			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Denise Ray			Vice-President Name Denise Ray		
Street Address 24 Lapre Road			Street Address 24 Lapre Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Kristie Ray Zabbo			Treasurer Name Denise Ray		
Street Address 112 Hickory Road			Street Address 24 Lapre Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Denise Ray			Director Name		
Street Address 24 Lapre Road			Street Address		
City North Smithfield	State RI	Zip 02896	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		
			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 Denise Ray					Date 12/04/2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

FILED

DEC 10 2018

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FORM 630 - Revised: 10/2017