



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.

1. Entity ID Number 112797		2. Exact name of the Corporation Dennis Marcel Salon Inc.			
3. Principal Office Address 604 Dyer Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 81-Other Services 812113		6. Brief description of the character of business conducted in Rhode Island To provide beauty salon services to patrons which includes but is not limited to hair care, skin and nail care.			
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 Dennis Hamel			Vice-President Name Sheri Brown Hamel		
Street Address 604 Dyer Avenue			Street Address 517 Trimtown Road		
City Cranston	State RI	Zip 02920	City North Scituate	State RI	Zip 02857
Secretary Name			Treasurer Name		
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 Dennis Hamel			Director Name		
Street Address 604 Dyer Avenue			Street Address		
City Cranston	State RI	Zip 02920	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	
		20	Common	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, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Dennis Hamel					Date 1/18/19
Signature of Authorized Representative 					

FILED

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

JAN 24 2019
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