



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.

STAMP
 THE
 SECRETARY OF STATE
 PROVIDENCE, RI

1. Entity ID Number 38535		2. Exact name of the Corporation ROBERT ANTHONY INC												
3. Principal Office Address 140 POINT JUDITH ROAD			City NARRAGANSETT	State RI	Zip 02882									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island HAIR SALON												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name MARION AVARISTA			Vice-President Name											
Street Address 140 POINT JUDITH ROAD			Street Address											
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip									
Secretary Name			Treasurer Name MARION AVARISTA											
Street Address			Street Address 140 POINT JUDITH ROAD											
City	State	Zip	City NARRAGANSETT	State RI	Zip 02882									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>NONE</td> <td>0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	NONE	0			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
10	NONE	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 MARION AVARISTA				Date 1-15-19										
Signature of Authorized Representative <i>Marion F Avarista</i> SIGN DOCUMENT HERE <div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017