



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report
Corporation

- Filing period
→ Filing Fee
→ Penalty: Additional \$25.00 fee if not filed by April 1st.

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

2019

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

1. Entity ID Number () 138027		2. Exact name of the Corporation () Salon Nuovo Inc	
3. Principal Office Address () 15 Maple Farms Rd		List the address of the main business office of the corporation. Cranston State RI Zip 02920	
4. NAICS Code () 812112		Complete the six digit NAICS code that describes the primary type of business in which the entity engages. See instructions for further information.	
5. State of Incorporation () RI		List the type of business the corporation is engaged in Rhode Island. Beauty Salon	
List the state under whose laws the company was formed. RI		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.	
Street Address 15 Maple Farms Rd		City State Zip	
City Cranston State RI Zip 02921		City State Zip	
Secretary Name Lee Casey		Treasurer Name	
Street Address 15 Maple Farms Rd		Street Address	
City Cranston State RI Zip 02921		City State Zip	
8. List ALL directors (names and addresses) () None		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.	
Director Name None		Check the box to indicate an attachment ()	
Street Address None		City State Zip	
City State Zip		City State Zip	
Director Name None		Director Name	
Street Address None		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 CLASS/SERIES PAR VALUE	
		None None None	
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, its statements, and that all statements contained herein are true and correct. ()			
Name of Authorized Representative Lee A Casey		An authorized representative MUST sign and date the annual report.	
Signature of Authorized Representative Lee A Casey		SIGN DOCUMENT HERE	

FILED

FEB 21 2019
BY 1997 BS