



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2019  
 Corporation

**FILED**

FEB 28 2019

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

BY 3521

1. Entity ID Number <b>485558</b>		2. Exact name of the Corporation <b>n'Style Salon and Spa Inc.</b>	
3. Principal Office Address <b>1220 Fish Road</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</b>	
4. NAICS Code <b>812112</b>	6. Brief description of the character of business conducted in Rhode Island <b>Operation of Beauty Salon</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Roberta M Medeiros</b>		Vice-President Name <b>Roberta M Medeiros</b>	
Street Address <b>919 Bay st. unit 120</b>		Street Address <b>919 Bay st. unit 120</b>	
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02724</b>	City <b>Fall River</b>
			State <b>MA</b>
			Zip <b>02724</b>
Secretary Name <b>Roberta M Medeiros</b>		Treasurer Name <b>Roberta M Medeiros</b>	
Street Address <b>919 Bay st. unit 120</b>		Street Address <b>919 Bay st. unit 120</b>	
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02724</b>	City <b>Fall River</b>
			State <b>MA</b>
			Zip <b>02724</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Roberta M Medeiros</b>		Director Name	
Street Address <b>919 Bay st. Unit 120</b>		Street Address	
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02724</b>	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SLR/LS	
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>No PAR Value</b>
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. <i>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.</i>			
Name of Authorized Representative <b>Roberta M Medeiros</b>			Date <b>1/15/18</b>
Signature of Authorized Representative <i>Roberta m medeiros</i> SIGN DOCUMENT HERE			

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