



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

Annual Report for the year: 2019
Corporation

FILED
 FEB 28 2019

STP AP
 OR

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

SY 11065

1. Entity ID Number 000141032		2. Exact name of the Corporation DE CLASICOS HAIR SALON INC.			
3. Principal Office Address 316 CRANSTON ST.			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 812111		6. Brief description of the character of business conducted in Rhode Island. SALON AND BARBER SHOP			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JHOEL CUELLO			Vice-President Name EDGAR PEREZ		
Street Address 94 SASSAFRA ST			Street Address 316 CRANSTON ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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			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.		NUMBER OF SHARES		CLASS/SERIFS	
		PAR VALUE			
		100	CNP	0.00	
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 Edgar Perez				Date 02/25/2019	
Signature of Authorized Representative <i>Edgar Perez</i>					