



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

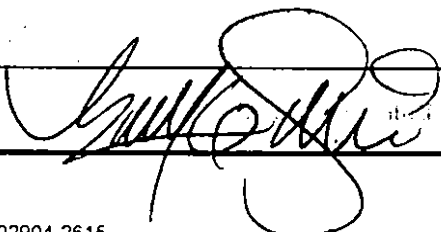
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 04 2019

BY 8012 DS

| | | | | | |
|--|--------------------|---|---|--------------------|---------------------|
| 1. Entity ID Number 001677694 | | 2. Exact name of the Corporation Sullivan Beauty Corp. | | | |
| 3. Principal Office Address 15 Cross Road | | | City Hooksett | State NH | Zip 03106 |
| 4. NAICS Code 453220 | | 6. Brief description of the character of business conducted in Rhode Island Sale and distribution of professional beauty products | | | |
| 5. State of Incorporation New Hampshire | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Kerry C. Sullivan and Tyler C. Sullivan | | | Vice-President Name Lauren R. Sullivan | | |
| Street Address 15 | | | Street Address 15 Cross Road | | |
| City Hooksett | State NH | Zip 03106 | City Hooksett | State NH | Zip 03106 |
| Secretary Name Tyler C. Sullivan | | | Treasurer Name Kerry C. Sullivan | | |
| Street Address 15 Cross Road | | | Street Address 15 Cross Road | | |
| City Hooksett | State NH | Zip 03106 | City Hooksett | State NH | Zip 03106 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Kerry C. Sullivan | | | Director Name Lauren R. Sullivan | | |
| Street Address 15 Cross Road | | | Street Address 15 Cross Road | | |
| City Hooksett | State NH | Zip 03106 | City Hooksett | State NH | Zip 03106 |
| Director Name Tyler C. Sullivan | | | Director Name | | |
| Street Address 15 Cross Road | | | Street Address | | |
| City Hooksett | State NH | Zip 03106 | 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 | | |
| | | | | | |
| | | | | | |
| 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 Kerry C. Sullivan, Co-President | | | | | Date |
| Signature of Authorized Representative  | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov