



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 11 2019

BY 22936 DS

1. Entity ID Number 118679		2. Exact name of the Corporation Custom Hair Creations, Inc.			
3. Principal Office Address 221 Waterman Avenue (rear)			City Providence	State RI	Zip 02906
4. NAICS Code <u>812112</u>		6. Brief description of the character of business conducted in Rhode Island To operate a full service salon including hair replacement			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maria Lopes			Vice-President Name Maria Lopes		
Street Address 221 Waterman Avenue (rear)			Street Address 221 Waterman Avenue (rear)		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Maria Lopes			Treasurer Name Maria Lopes		
Street Address 221 Waterman Avenue (rear)			Street Address 221 Waterman Avenue (rear)		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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/SERIES		
			D		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 MARIA F. LOPES				Date 2/21/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov