



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 21 2019
 BY 8531 OS

1. Entity ID Number 000021351		2. Exact name of the Corporation Powder Box Coiffure, Inc	
3. Principal Office Address 1676 Broad Street		City Cranston	State RI
		Zip 02905	
4. NAICS Code 81-Other Services	6. Brief description of the character of business conducted in Rhode Island Hair Salon		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Belmire L. Sousa		Vice-President Name Belmire L. Sousa	
Street Address 1676 Broad Street		Street Address 1676 Broad Street	
City Cranston	State RI	Zip 02905	City Cranston
Secretary Name N/A		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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/SHARES
		PAR VALUE	
		100	Common
			No 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 Belmire L. Sousa		Date 03-14-19	
Signature of Authorized Representative <i>Belmire L. Sousa</i>			

MAIL TO:
 Division of Business Services
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