



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 APR 10 AM 11:26

1. Entity ID Number 000100259		2. Exact name of the Corporation Elaine Fredrick Hairstylist, Inc.			
3. Principal Office Address 735 Willett Ave. #605		City Riverside		State RI	Zip 02915
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island To offer haircare, hair services to the general public			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Elaine Fredrick		Vice-President Name			
Street Address 735 Willett Ave. #605		Street Address			
City Riverside	State RI	Zip 02915	City	State	Zip
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 OF SHARES	PAR VALUE	
		1,000	CPN	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 Elaine Fredrick				Date 4/9/19	
Signature of Authorized Representative ELAINE FREDRICK				SIGN DOCUMENT HERE	

FILED

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

APR 10 2019

BY AIKJS A.A.