



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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1,000	CLASS OF SHARES CPN	PAR VALUE 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 AKJS A.A.

FORM 630 - Revised: 02/2017