



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

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 STAMP
DEC 09 2019

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1. Entity ID Number 85517		2. Exact name of the Corporation Chrissy's Hair Salon, Inc.			
3. Principal Office Address 1330 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island Hairdressing 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 Christine Gonsalves			Vice-President Name Christine Gonsalves		
Street Address 7 View Avenue			Street Address 7 View Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Christine Gonsalves			Treasurer Name Christine Gonsalves		
Street Address 7 View Avenue			Street Address 7 View Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine Gonsalves			Director Name		
Street Address 7 View Avenue			Street Address		
City North Providence	State RI	Zip 02904	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		
			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 Christine Gonsalves					Date 12/4/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017