



RI SOS Filing Number: 202031735090 Date: 1/9/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

FILED STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 09 2020

BY

1184 DS

1. Entity ID Number 93617		2. Exact name of the Corporation ONE ON ONE HAIR DESIGN, INC.												
3. Principal Office Address 69 POND HOUSE ROAD			City NORTH SMITHFIELD	State RI	Zip 02896									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island HAIR SALON AND RELATED SERVICES												
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 CYNTHIA DESMARAIS			Vice-President Name SAME											
Street Address 69 POND HOUSE ROAD			Street Address											
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
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 CYNTHIA DESMARAIS			Director Name											
Street Address 69 POND HOUSE ROAD			Street Address											
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NPV			
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100	COMMON	NPV												
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 CYNTHIA DESMARAIS				Date 01/15/2020										
Signature of Authorized Representative <i>Cynthia Desmarais</i> <i>Jan 6, 2020</i>														