



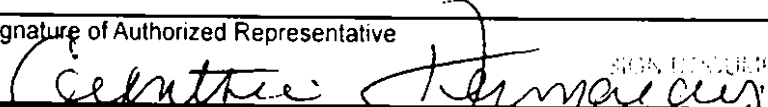
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 7184 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			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	
			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. <i>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.</i>							
Name of Authorized Representative CYNTHIA DESMARAIS					Date 01/15/2020		
Signature of Authorized Representative  Jan 16, 2020							

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