



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 TAMP

JAN 09 2020

BY 13721 DS

| | | | | | |
|--|-----------------|--|---|-----------------------|---------------------|
| 1. Entity ID Number 39950 | | 2. Exact name of the Corporation ARTL Enterprises, Inc. | | | |
| 3. Principal Office Address 3566 Post Road | | | City Warwick | State RI | Zip 02886 |
| 4. NAICS Code <u>236220</u> 84 Other Services (except Pul | | 6. Brief description of the character of business conducted in Rhode Island <i>Beauty Salon</i> | | | |
| 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 Arthur LaFazia | | | Vice-President Name Arthur LaFazia | | |
| Street Address 3566 Post Road | | | Street Address 3566 Post Road | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| Secretary Name Arthur LaFazia | | | Treasurer Name Lynn LaFazia | | |
| Street Address 3566 Post Road | | | Street Address 3566 Post Road | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 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/SERIES | | PAR VALUE |
| | | | 1000 | Common | No 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. <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 Arthur LaFazia, President | | | | Date <u>1/2/20</u> | |
| Signature of Authorized Representative <i>Arthur LaFazia, President</i> | | | | 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