



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2020 JAN 14 AM 11:55

1. Entity ID Number 0000 74548		2. Exact name of the Corporation The Victorian Rose Inc.												
3. Principal Office Address 1271 Park Avenue			City Woonsocket	State RI	Zip 02895									
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island To provide Hair and Nails services.													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Celeste P. Cote-Morin			Vice-President Name											
Street Address 147 Hemond Avenue			Street Address											
City Woonsocket	State RI	Zip 02895	City	State	Zip									
Secretary Name Paul L. Morin			Treasurer Name											
Street Address 147 Hemond Avenue			Street Address											
City Woonsocket	State RI	Zip 02895	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 Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
0		0												
Changes require an additional filing.														
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 Celeste P. Cote-Morin				Date 1/14/20										
Signature of Authorized Representative Celeste P. Cote-Morin 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

FILED

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JAN 14 2020

FORM 630 - Revised: 10/2017

BY **X EIP**