

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

PROVIDENCE, RHODE ISLAND
 CORPORATIONS DIVISION

2020 JAN 14 AM 11:55

1. Entity ID Number 00000000 000074548		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 Nail 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					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		PAR VALUE	
		0		0	
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 <i>Celeste P. Cote-Morin</i>					

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

JAN 14 2020

BY AL ETRP

11:56