



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

JAN 17 2020

BY 3543 OS

1. Entity ID Number 000127172		2. Exact name of the Corporation Mary Jane's Beauty Salon, Inc.			
3. Principal Office Address 1270 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating a beauty salon and all other lawfully related 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 Cheryl Kinch			Vice-President Name Cheryl Kinch		
Street Address 1270 Mineral Spring Avenue			Street Address Same as above		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Cheryl Kinch			Treasurer Name Cheryl Kinch		
Street Address Same as above			Street Address Same as above		
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 Cheryl Kinch			Director Name		
Street Address same as above			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/SES	
		800		common	
				PAR VALUE	
				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. 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 Cheryl Kinch				Date 1/10/2020	
Signature of Authorized Representative					

SIGN DOCUMENT HERE