



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

FEB 26 2020

BY 174222 OS

1. Entity ID Number <u>000043022</u>		2. Exact name of the Corporation <u>SALON APOLONIA, Inc.</u>	
3. Principal Office Address <u>338 COWSETT AVENUE</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
4. NAICS Code <u>812112</u>	6. Brief description of the character of business conducted in Rhode Island <u>COSMETOLOGY - HAIR SALON</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DEBRA L. APOLONIA</u>		Vice-President Name <u>FELIX M. APOLONIA</u>	
Street Address <u>10 FERNWOOD DRIVE</u>		Street Address <u>10 FERNWOOD DRIVE</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>DEBRA L. APOLONIA</u>		Treasurer Name <u>FELIX M. APOLONIA</u>	
Street Address <u>10 FERNWOOD DRIVE</u>		Street Address <u>10 FERNWOOD DRIVE</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>500 NO PAR VALUE</u> 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		<u>100</u>	<u>0</u>
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 <u>DEBRA L. APOLONIA</u>		Date <u>Feb 24, 2020</u>	
Signature of Authorized Representative <u>Debra L. Appolonia (Pres.)</u>			