



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.

1. Entity ID Number 65949		2. Exact name of the Corporation Salon Kioma, Inc.			
3. Principal Office Address 1656 Cranston Street		City Cranston	State RI	Zip 02920	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island Hairdressing and/or Cosmetology				
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 Donna M. Scuncio			Vice-President Name VACANT		
Street Address 1656 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Donna M. Scuncio			Treasurer Name Donna M. Scuncio		
Street Address 1656 Cranston Street			Street Address 1656 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donna M. Scuncio			Director Name		
Street Address 1656 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	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 600	CLASS SERIES Common	PAR VALUE No Par
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 Donna M. Scuncio				Date Feb. 17 - 2020	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 26 2020

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FORM 630 - Revised: 10/2017

BY 009493