



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

MAR 02 2020

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1. Entity ID Number 3351		2. Exact name of the Corporation THE CABORET SALON OF BEAUTY, INC.												
3. Principal Office Address 35 CONSTITUTION STREET			City BRISTOL	State RI	Zip 02809									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A BEAUTY SALON												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name ANTONETTE MORAN			Vice-President Name JO-ANN PASQUAL											
Street Address 6 WOBURN STREET			Street Address 221 HOPE ST., APT. 9											
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809									
Secretary Name ANALEE TAVARES			Treasurer Name BEATRICE LAVEY											
Street Address 14 MEADOW LANE			Street Address 38 BEACHMOUNT AVENUE											
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name ANALEE TAVARES			Director Name JO-ANN PASQUAL											
Street Address 14 MEADOW LANE			Street Address 221 HOPE ST., APT. 9											
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809									
Director Name ANTONETTE MORAN			Director Name BEATRICE LAVEY											
Street Address 6 WOBURN STREET			Street Address 38 BEACHMOUNT AVENUE											
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>480</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	480	COMMON	NO PAR			
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480	COMMON	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 ANTONETTE MORAN				Date 1-15-20										
Signature of Authorized Representative  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