RI SOS Filing Number: 202035956590 Date: 3/5/2020 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 05 2020
103

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	2. Exact name of the Corporation		
001677694	Sullivan Beauty Corp.		
3. Principal Office Address	City	State	Zip
15 Cross Road	Hooksett	NH	03106
4. NAICS Code: 453220	6. Brief description of the character of business conducted in Rhode Island: Sale and distribution of professional beauty products		
5. State of Incorporation: New Hampshire			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kerry C. Sullivan and Tyler C. Sullivan			Vice-President Name: Lauren R. Sullivan		
Street Address: 272 Londonderry Turnpike			Street Address: 272 Londonderry Turnpike		
City: Hooksett	State: NH	Zip: 03106	City: Hooksett	State: NH	Zip: 03106
Secretary Name: Tyler C. Sullivan			Treasurer Name: Kerry C. Sullivan		
Street Address: 272 Londonderry Turnpike			Street Address: 272 Londonderry Turnpike		
City: Hooksett	State: NH	Zip: 03106	City: Hooksett	State: NH	Zip: 03106

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kerry C. Sullivan			Director Name: Lauren R. Sullivan		
Street Address: 272 Londonderry Turnpike			Street Address: 272 Londonderry Turnpike		
City: Hooksett	State: NH	Zip: 03106	City: Hooksett	State: NH	Zip: 03106
Director Name: Tyler C. Sullivan			Director Name:		
Street Address: 272 Londonderry Turnpike			Street Address:		
City: Hooksett	State: NH	Zip: 03106	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,500	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	Date
Kerry C. Sullivan, Co-Presidnet	3/1/2020

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

FORM 630 - Revised: 10/2017