



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 05 2020

1103

1. Entity ID Number <b>001677694</b>		2. Exact name of the Corporation <b>Sullivan Beauty Corp.</b>			
3. Principal Office Address <b>15 Cross Road</b>		City <b>Hooksett</b>		State <b>NH</b>	Zip <b>03106</b>
4. NAICS Code <b>453220</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale and distribution of professional beauty products</b>			
5. State of Incorporation <b>New Hampshire</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kerry C. Sullivan and Tyler C. Sullivan</b>			Vice-President Name <b>Lauren R. Sullivan</b>		
Street Address <b>272 Londonderry Turnpike</b>			Street Address <b>272 Londonderry Turnpike</b>		
City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>	City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>
Secretary Name <b>Tyler C. Sullivan</b>			Treasurer Name <b>Kerry C. Sullivan</b>		
Street Address <b>272 Londonderry Turnpike</b>			Street Address <b>272 Londonderry Turnpike</b>		
City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>	City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kerry C. Sullivan</b>			Director Name <b>Lauren R. Sullivan</b>		
Street Address <b>272 Londonderry Turnpike</b>			Street Address <b>272 Londonderry Turnpike</b>		
City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>	City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>
Director Name <b>Tyler C. Sullivan</b>			Director Name		
Street Address <b>272 Londonderry Turnpike</b>			Street Address		
City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			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. <i>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.</i>					
Name of Authorized Representative <b>Kerry C. Sullivan, Co-President</b>					Date <b>3/1/2020</b>
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