

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 18 2020

1 Entry ID Number 001692141		2 Exact name of the Corporation HAIR BY LEAH, INC.			
3 Principal Office Address 1295 STAFFORD ROAD			City TIVERTON	State RI	Zip 02878
4 NAICS Code 812112		6 Brief description of the character of business conducted in Rhode Island HAIR AND BEAUTY			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name LEAH MELLO			Vice-President Name STYVE		
Street Address 285 DAVIS ROAD			Street Address		
City WESTPORT	State MA	Zip 02790	City	State	Zip
Secretary Name LEAH MELLO			Treasurer Name LEAH MELLO		
Street Address 285 DAVIS ROAD			Street Address 285 DAVIS ROAD		
City WESTPORT	State MA	Zip 02790	City WESTPORT	State MA	Zip 02790
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name LEAH MELLO			Director Name		
Street Address 285 DAVIS ROAD			Street Address		
City WESTPORT	State MA	Zip 02790	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized		10 Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		CWP	
				PAR VALUE	
				0010	
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.					
<b>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.</b>					
Name of Authorized Representative					Date 3/15/2020
Signature of Authorized Representative LEAH MELLO					<i>Leah Mello</i>

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2515  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

833531629 Hair By Leah, Inc.

83-3531629

FYE: 12/31/2019

# Rhode Island Statements

## Statement 1 - Form RI 630, Line 7 - Names and Addresses of Officers

<u>Pos</u>	<u>First Name</u>	<u>Last Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
P	Leah	Mello	285 Davis Road	Westport	MA	02790

**FILED**

MAR 18 2020

B: *W. P. S.*