



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

FILED

MAR 19 2020

3540

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 59039		2. Exact name of the Corporation Avalon Hair, Etc., Inc.												
3. Principal Office Address 1221 Reservoir Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair and beauty salon and related services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Holly Ballou Dexter			Vice-President Name Holly Ballou Dexter											
Street Address 1221 Reservoir Avenue			Street Address 1221 Reservoir Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name Holly Ballou Dexter			Treasurer Name Holly Ballou Dexter											
Street Address 1221 Reservoir Avenue			Street Address 1221 Reservoir Avenue											
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			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SEFS</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">500</td> <td style="text-align: center;">CNP</td> <td style="text-align: center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SEFS	PAR VALUE	500	CNP	No Par Value			
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500	CNP	No Par Value												
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 Holly Ballou Dexter					Date X 03-10-2020									
Signature of Authorized Representative <i>X Holly Ballou Dexter</i>					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