



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 STATE
 MAR 26 2020
 597

1. Entity ID Number 000044032		2. Exact name of the Corporation T'HAIR PLACE INC			
3. Principal Office Address 111 JOHN ST			City LINCOLN	State RI	Zip 02865
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEANNE MCVAY			Vice-President Name CONSTANCE MEDEIROS		
Street Address 2065 MENDON RD APT 406			Street Address 178 MARSHALL AVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name CONSTANCE MEDEIROS			Treasurer Name JEANNE MCVAY		
Street Address 178 MARSHALL AVE			Street Address 2065 MENDON RD APT 406		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEANNE MCVAY			Director Name NA		
Street Address 2065 MENDON RD APT 406			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name CONSTANCE MEDEIROS			Director Name NA		
Street Address 178 MARSHALL AVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8000		CWP	1000
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 CONSTANCE MEDEIROS				Date MARCH 24, 2020	
Signature of Authorized Representative <i>Constance Medeiros</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