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R.I. DEPT. OF STATE
BUS. SVCS DIV

2020 MAR 27 P 2:55

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 001659059		2. Exact name of the Corporation RALPH LARAE HAIR DESIGN, INC.			
3. Principal Office Address 515 WARREN AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BEVERLY C. MORRIS		Vice-President Name N/A			
Street Address 280 DODGE STREET		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name BEVERLY C. MORRIS		Treasurer Name BEVERLY C. MORRIS			
Street Address 280 DODGE STREET		Street Address 280 DODGE STREET			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BEVERLY C. MORRIS		Director Name N/A			
Street Address 280 DODGE STREET		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100 SHARES		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 BEVERLY C. MORRIS				Date 3/24/2020	
Signature of Authorized Representative 					

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