RI SOS Filing Number: 202036931550 Date: 3/27/2020 4:00:00 PM
of Rhode Island and Providence Plantations
artment of State - Business Services Division

R.I. DETT. OF STATE

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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Annual Report for the year: 2020

Corporation

2023 WR 27 P 2: 55

<ul> <li>→ Filing period: January 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.0</li> </ul>		April 1.	_				
1. Entity ID Number 001659059	2. Exact name of the Corporation RALPH LARAE HAIR DESIGN, INC.						
Principal Office Address     S15 WARREN AVENUE	·····•	City EAST PROVIDENCE	State RI	Zip 02914			
4 NAICS Code 812112 5. State of Incorporation RHODE ISLAND	6. Brief description of th BEAUTY SALON	e character of business conducted in Rho	de Island				

515 WARREN AVENUE			EAST PRO	VIDENCE	RI	02914			
4 NAICS Code 812112		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)				k the box to inc	dicate an attachment 🔲			
President Name BEVERLY C. MORRIS			Vice-President Name N/A.						
Street Address 280 DODGE STREET			Street Address						
City EAST PROVIDENCE	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02914	City EAST P	ROVIDENCE	State RI	<sup>Zip</sup> 02914			
8. List ALL directors (names an	d addresses)			Chec	ck the box to in	dicate an attachment			
Director Name BEVERLY C. MORRIS			Director Name	Director Name					
Street Address 280 DODGE STREET			Street Address						
City EAST PROVIDENCE	State RI	<sup>Z<sub>1</sub>p</sup> 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 10. Share		10. Shares Is:	Issued Check the box to indicate an attachment						
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
		100 SHARES		COMMON NO PAR		NO PAR			
Changes require an additional fil	ling.								

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. MORRISA

6d Representative

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FILED

MAR 27 2020

Division of Business Services 148 W. Rwer Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Ch Ch 3