



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

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

Annual Report for the year: 2020

Corporation

2020 MAR 27 P 2:55

- 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 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.		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 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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MAR 27 2020
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