



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

Annual Report for the year: **2020**
Corporation

STAMP

- 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 128940		2. Exact name of the Corporation ALAYNE WHITE SPA & BODY BOUTIQUE, INC.												
3. Principal Office Address 11 Constitution Street			City Bristol	State RI	Zip 02809-0000									
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island provide professional spa treatments												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Alayne White			Vice-President Name Alayne White											
Street Address 11 Constitution Street			Street Address 11 Constitution Street											
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-									
Secretary Name Alayne White			Treasurer Name Alayne White											
Street Address 11 Constitution Street			Street Address 11 Constitution Street											
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Alayne White			Director Name none											
Street Address 11 Constitution Street			Street Address none											
City Bristol	State RI	Zip 02809-	City none	State none	Zip none									
Director Name none			Director Name none											
Street Address none			Street Address none											
City none	State none	Zip none	City none	State none	Zip none									
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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>800</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	800	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
800	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 Alayne White President				Date 1/06/2020										
Signature of Authorized Representative				SIGN DOCUMENT HERE FILED KM										

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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FORM 630 - Revised: 10/2017