RI SOS Filing Number: 202037184360 Date: 4/3/2020 4:00:00 PM

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 STAMP
APR 03 2020
FOR SECRETARY OF STATE USE ONLY
BY

1. Entity ID Number	2. Exact name of the Corporation		
652131	**ARETE SALON, INC.**		
3. Principal Office Address	City	State	Zip
190 PUTNAM PIKE	**JOHNSTON**	**RI**	**02919**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
812112	**HAIR SALON**		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **ALICIA MELE-BENDZA**			Vice-President Name **ALICIA MELE-BENDZA**		
Street Address **2355 Broncos Highway**			Street Address **2355 Broncos Highway**		
City **Harrisville**	State **RI**	Zip **02830**	City **Harrisville**	State **RI**	Zip **02830**
Secretary Name **ALICIA MELE-BENDZA**			Treasurer Name **ALICIA MELE-BENDZA**		
Street Address **2355 Broncos Highway**			Street Address **2355 Broncos Highway**		
City **Harrisville**	State **RI**	Zip **02830**	City **Harrisville**	State **RI**	Zip **02830**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **NONE**			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares 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
Changes require an additional filing.	**50**	**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	Date
ALICIA MELE-BENDZA	1-6-2020

Signature of Authorized Representative — 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

FORM 630 - Revised: 10/2017