



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 <b>652131</b>		2. Exact name of the Corporation <b>ARETE SALON, INC.</b>			
3. Principal Office Address <b>190 PUTNAM PIKE</b>			City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>812112</b>	6. Brief description of the character of business conducted in Rhode Island <b>HAIR SALON</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ALICIA MELE-BENDZA</b>			Vice-President Name <b>ALICIA MELE-BENDZA</b>		
Street Address <b>2355 Broncos Highway</b>			Street Address <b>2355 Broncos Highway</b>		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
Secretary Name <b>ALICIA MELE-BENDZA</b>			Treasurer Name <b>ALICIA MELE-BENDZA</b>		
Street Address <b>2355 Broncos Highway</b>			Street Address <b>2355 Broncos Highway</b>		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <b>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.</b>					
Name of Authorized Representative <b>ALICIA MELE-BENDZA</b>					Date <b>1-6-2020</b>
Signature of Authorized Representative <i>Alicia Mele-Bendza</i>					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