



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

2020 MAY -1 PM 1:33

1. Entity ID Number 542612		2. Exact name of the Corporation Studio Millenium Enterprises, Inc.			
3. Principal Office Address 14 Stafford Road, Unit C			City Tiverton	State RI	Zip 02878
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island Hair Salon				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joaquim Barbosa			Vice-President Name		
Street Address 1866 Bay Street			Street Address		
City Fall River	State MA	Zip 02724	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Joaquim Barbosa			Director Name		
Street Address 1866 Bay Street			Street Address		
City Fall River	State MA	Zip 02724	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 0	
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 Joaquim Barbosa				Date 4-30-20	
Signature of Authorized Representative <i>Joaquim Barbosa</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

FILED

MAY 01 2020

1:38

BY *GV3W8*