



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

**Annual Report for the year: 2013**  
**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  
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1. Entity ID Number <b>542612</b>		2. Exact name of the Corporation <b>Studio Millenium Enterprises, Inc.</b>				
3. Principal Office Address <b>14 Stafford Road, Unit C</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</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>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Joaquim Barbosa</b>			Vice-President Name			
Street Address <b>1866 Bay Street</b>			Street Address			
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02724</b>	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 <b>Joaquim Barbosa</b>			Director Name			
Street Address <b>1866 Bay Street</b>			Street Address			
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02724</b>	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 <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<b>100</b>		<b>Common</b>	<b>0</b>	
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>Joaquim Barbosa</b>					Date <b>4-30-20</b>	
Signature of Authorized Representative SIGN DOCUMENT HERE <b>FILED</b>						

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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