



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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 -6 PM 3:40

1. Entity ID Number <u>000788085</u>		2. Exact name of the Corporation <u>Hair Salon Inc</u>	
3. Principal Office Address <u>3 SOPRANO Circle</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>812112</u>	6. Brief description of the character of business conducted in Rhode Island <u>Hair Design Shop, Hair cutting, coloring, manicuring, pedicuring</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michelle Bnollo</u>		Vice-President Name <u>Michelle Bnollo</u>	
Street Address <u>3 Soprano Circle</u>		Street Address <u>3 Soprano Circle</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Secretary Name <u>Nichole Bnollo</u>		Treasurer Name <u>Nichole Bnollo</u>	
Street Address <u>10 East St. #110</u>		Street Address <u>10 East St. #110</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<u>1,000</u>	<u>CNP</u>
			<u>\$0.1000</u>
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 <u>Michelle Bnollo</u>			Date <u>5/8/2020</u>
Signature of Authorized Representative <u>Michelle Bnollo</u>			

SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govMAY 06 2020
KL JWR
3:40

FORM 630 - Revised: 10/2017