RI SOS Filing Number: 202044120890 Date: 7/3/2020 11:55:00 AM

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

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Annual Report for the year: 2016
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
158047	**Mystique, Co.**			
3. Principal Office Address	City	State	Zip	
329 Bald Hill Road	**Warwick**	**RI**	**02886**	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 2112	**Hair & Nail Salon**			
5. State of Incorporation				
RI				

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

President Name **Karen M. Black**			Vice-President Name **Donna M. Couto**		
Street Address **57 Greene Street**			Street Address **11 Waverly Street**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**
Secretary Name **Donna M. Couto**			Treasurer Name **Karen M. Black**		
Street Address **11 Waverly Street**			Street Address **57 Greene Street**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**

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

Director Name **Karen M. Black**			Director Name **Donna M. Couto**		
Street Address **57 Greene Street**			Street Address **11 Waverly Street**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**
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.	**None**		

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
Donna M. Couto , Vice President	6-23-2020

Signature of Authorized Representative: Donna M. Couto V.P. 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.gov

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FORM 630 - Revised: 02/2017