



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2014**  
Corporation

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

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BUS SVCS DIV

2020 JUL -3 AM 11:48

1. Entity ID Number <b>158047</b>		2. Exact name of the Corporation <b>Mystique, Co.</b>			
3. Principal Office Address <b>329 Bald Hill Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>Hair &amp; Nail Salon</b>			
5. State of Incorporation <b>RI</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>Karen M. Black</b>			Vice-President Name <b>Donna M. Couto</b>		
Street Address <b>57 Greene Street</b>			Street Address <b>11 Waverly Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Donna M. Couto</b>			Treasurer Name <b>Karen M. Black</b>		
Street Address <b>11 Waverly Street</b>			Street Address <b>57 Greene Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</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>Karen M. Black</b>			Director Name <b>Donna M. Couto</b>		
Street Address <b>57 Greene Street</b>			Street Address <b>11 Waverly Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
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.					
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 <b>Donna M. Couto, Vice President</b>					Date <b>6-23-2020</b>
Signature of Authorized Representative <b>Donna M. Couto v.p.</b>					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

JUL 03 2020  
 BY **Ch 68WPI**  
 11:53

FORM 630 - Revised: 02/2017