



Department of State - Business Services Division

FILED

AUG 25 2020

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Annual Report for the year: 2020 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 000790681		2. Exact name of the Corporation Joy's Beauty Salon <i>INC.</i>			
3. Principal Office Address 115 Benedict Street			City Providence	State RI	Zip 02907
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair Salon			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joy Sterling			Vice-President Name Joy Sterling		
Street Address 115 Benedict St			Street Address 115 Benedict St		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Joy Sterling			Treasurer Name Joy Sterling		
Street Address 115 Benedict St			Street Address 115 Benedict St		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joy Sterling			Director Name		
Street Address 115 Benedict St			Street Address		
City Providence	State RI	Zip 02907	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/SERIALS	
		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 Joy Sterling				Date 08/20/2020	
Signature of Authorized Representative <i>Joy Sterling</i>				SIGN DOCUMENT HERE	