



FILED

Annual Report for the year: 2020 AMENDED
Corporation

OCT 21 2020
BY ME

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

1. Entry ID Number 000141032 <u>141032</u>		2. Exact name of the Corporation De Clascon Hair Salon Inc.			
3. Principal Office Address 577 CRANSTON STREET <u>577 Cranston St.</u>		City PROVIDENCE	State RI	Zip 02907	
4. NAICS Code 812111		5. Brief description of the character of business conducted in Rhode Island BARBER SHOP			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name JOHNL CUELLO			Vice-President Name EDGAR PEREZ		
Street Address 577 CRANSTON STREET			Street Address 577 CRANSTON STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CATEGORY CNP	PAR VALUE \$0.00
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>JOHNL CUELLO</u>					Date <u>10-21-20</u>
Signature of Authorized Representative <u>JOHNL CUELLO</u>					

MAIL TO:
Division of Business Services
145 W. River Street, Providence, Rhode Island 02204-2515
Phone: (401) 272-3043
Website: www.sos.ri.gov



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 21, 2020 11:00 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

