



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020 AMENDED
Corporation

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

OCT 21 2020

BY

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1. Entry ID Number 000141032 <u>141032</u>		2. Exact name of the Corporation De Clackson Hair Salon Inc.							
3. Principal Office Address 577 CRANSTON STREET <u>577 Cranston St.</u>		City PROVIDENCE	State RI						
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 ☒									
President Name JOHSEL CUELLO		Vice-President Name EDGAR PEREZ							
Street Address 577 CRANSTON STREET		Street Address 577 CRANSTON STREET							
City PROVIDENCE	State RI	City PROVIDENCE	State RI						
Zip 02907		Zip 02907							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐									
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 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 ☐							
		<table border="1"> <tr> <th>NUMBER OF SHARES</th> <th>CURRENCY</th> <th>PER VALUE</th> </tr> <tr> <td>100</td> <td>CNP</td> <td>\$0.00</td> </tr> </table>		NUMBER OF SHARES	CURRENCY	PER VALUE	100	CNP	\$0.00
NUMBER OF SHARES	CURRENCY	PER VALUE							
100	CNP	\$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>JOHSEL CUELLO</u>		Date <u>10-21-20</u>							
Signature of Authorized Representative <u>JOHSEL CUELLO</u>									

MAIL TO:
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Website: www.sos.Ri.gov