



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

R.I. DEPT. OF STATE
BUS SVCS DIV

2020

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

2020 DEC -8 PM 3:40

1. Entity ID Number <u>000041302</u>		2. Exact name of the Corporation <u>wave lengths Salon & SPA, Inc</u>			
3. Principal Office Address <u>181 Bellevue Ave</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
4. NAICS Code <u>812990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Salon & SPA services</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>D Ann ESCOTT</u>		Vice-President Name			
Street Address <u>68 malle terr</u>		Street Address			
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City	State	Zip
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 <u>NA</u>		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		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/SERIES	PAR VALUE	
		<u>1000</u>		<u>0</u>	
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>D Ann ESCOTT</u>				Date <u>12/2/2020</u>	
Signature of Authorized Representative <u>D Ann ESCOTT</u>				<u>owner / president</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

DEC 08 2020

Quinn A.A.
3:42 PM