State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 1-1-2021
Corporation

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

FILED
JAN 13 2021
BY 139

1. Entity ID Number	2. Exact name of the Corporation			
001692538	LASHED INC.			
3. Principal Office Address		City	State	Zip
653 Atwood Ave		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812112	An eyelash lounge and spa offering beauty treatments such as eyelash extensions, facials, waxing, makeup, and spray tanning.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gianna Petrone			Vice-President Name: Carmino Paliotta JR		
Street Address: 11 Orchard Street			Street Address: 14 Juniper Lane		
City: Greenville	State: RI	Zip: 02828	City: Johnston	State: RI	Zip: 02919
Secretary Name: Gianna Petrone			Treasurer Name: Gianna Petrone		
Street Address: 11 Orchard Street			Street Address: 11 Orchard Street		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Gianna Petrone			Director Name		
Street Address: 11 Orchard Street			Street Address		
City: Greenville	State: RI	Zip: 02828	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CWP	1.00

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	Date
Gianna Petrone	1/10/2021

Signature of Authorized Representative: Gianna Petrone

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

FORM 630 - Revised: 08/2020