RI SOS Filing Number: 202189455200 Date: 2/1/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			FOR SECRETARY OF STATE USE ONLY				
							1. Entity ID Number 000065059
3. Principal Office Address	<u>↓</u>		City	 	State	Zip	
708 Park Avenue			Cranston		RI	02910	
4. NAICS Code	6. Brief descr	ription of the chara	cter of business o	onducted in Rhode	I Biland	<u></u>	
5. State of Incorporation	Styling of ha	ir and retail sales o	of products conne	cted thereto			
7. List ALL officers (names a	and addresses)			Cher	ck the box to in	dicate an attachment	
President Name Ennio Mangiocca			Vice-President Name **N A				
Street Address 133 Alto Street			Street Address				
City Cranston	State RI	^{Zip} 02910	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address	<u> </u>		•	
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)		<u></u>	Che	ck the box to in	 dicate an attachment □	
Director Name N A			Director Name				
Street Address			Street Address	•			
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
	00	10. Shares Is		Che	ck the box to in	dicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SFRIFS		PAR VALUE	
Changes require an additional filing.		1000		CNP		0.000	
11. This report must be exe	cuted on behalf of the	corporation by an	authorized concor	contative. If the con	rocation is in th	o boods of a receiver or	
trustee, this report must be	executed on behalf of	the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, statements, and that all st	tatements contained	that I have examii herein are true a	ned this report, it nd correct.	ncluding any acc	ompanying sc	hedules and	
Name of Authorized Repres			Date //2-	1/201			
Signature of Authorized Rep	presentative					1001	
MANAN VIA	Ullull	phoniza	1 fort	Fil	==-		
MAIL TO:	<u> </u>		<i>U</i> = ==================================	_ -	VII	(

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov

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FORM 630 - Revised: 08/2020

STAMP