



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 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.

FEB 19 2021

396005

1. Entity ID Number 485558		2. Exact name of the Corporation N'Style Salon and Spa Inc			
3. Principal Office Address 1220 Fish Road		City Tiverton		State RI	Zip 02878
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Operation of Beauty Salon			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roberta M Medeiros			Vice-President Name Roberta M Medeiros		
Street Address 919 Bay St Unit 120			Street Address 919 Bay St Unit 120		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
Secretary Name Roberta M Medeiros			Treasurer Name Roberta M Medeiros		
Street Address 919 Bay St. Unit 120			Street Address 919 Bay St. Unit 120		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Roberta M Medeiros			Director Name		
Street Address 919 Bay St Unit 120			Street Address		
City Fall River	State MA	Zip 02724	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
		100		Common	no Par Value
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. <i>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.</i>					
Name of Authorized Representative Roberta M Medeiros				Date 1/15/21	
Signature of Authorized Representative <i>Roberta m medeiros</i>					

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