



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 22 2021

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.

BY

1. Entity ID Number 59039		2. Exact name of the Corporation Avalon Hair, Etc., Inc.			
3. Principal Office Address 1221 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair and beauty salon and related services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Holly Ballou Dexter			Vice-President Name Holly Ballou Dexter		
Street Address 1221 Reservoir Avenue			Street Address 1221 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Holly Ballou Dexter			Treasurer Name Holly Ballou Dexter		
Street Address 1221 Reservoir Avenue			Street Address 1221 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 500	CLASS/SERIES CNP	PAR VALUE 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.					
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 Holly Ballou Dexter				Date X 2-14-2021	
Signature of Authorized Representative X Holly Ballou Dexter					

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