State of Rhode Island

Department of State - Business Services Division

FILED
FEB 26 2021
BY: 5880 DS

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.

1. Entity ID Number	2. Exact name of the Corporation			
000127172	Mary Janes's Beauty Salon, Inc.			
3. Principal Office Address		City	State	Zip
1270 Mineral Spring Avenue		North Providence	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812112	To engage in the business of operating a beauty salon and all other lawfully related services			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Cheryl Kinch			Cheryl Kinch		
Street Address			Street Address		
1270 Mineral Spring Avenue			See above		
City	State	Zip	City	State	Zip
North Providence	RI	02904			
Secretary Name			Treasurer Name		
Cheryl Kinch			Cheryl Kinch		
Street Address			Street Address		
See above			See above		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Cheryl Kinch					
Street Address			Street Address		
See above					
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800	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.

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
Cheryl Kinch	2/11/21

Signature of Authorized Representative

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