State of Rhode Island and Providence Plantations

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.

STAMP

FOR SECRETARY OF STATE USE ONLY

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BUS SVCS DIV

2021 MAR -1 A 8:48

1. Entity ID Number	2. Exact name of the Corporation		
001702398	Beauty and the Beard, Inc.		
3. Principal Office Address: 384 Market Street	City: Warren	State: RI	Zip: 02885
4. NAICS Code: 812111	6. Brief description of the character of business conducted in Rhode Island: Barber Shop		
5. State of Incorporation: Rhode Island			

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

President Name: Patrick Cleary	Vice-President Name: Stephanie Cleary
Street Address: 528 South Street	Street Address: 528 South Street
City: Somerset State: MA Zip: 02726	City: Somerset State: MA Zip: 02726
Secretary Name: Stephanie Cleary	Treasurer Name: Patrick Cleary
Street Address: 528 South Street	Street Address: 528 South Street
City: Somerset State: MA Zip: 02726	City: Somerset State: MA Zip: 02726

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

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

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
100	Common	$100.00

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: Patrick Cleary

Date: 2-4-21

Signature of Authorized Representative: X Patrick Cleary

SIGN DOCUMENT HERE **FILED**

MAR 01 2021

BY Cn MC3XC 8:48

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: 10/2017