



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 09 2021

BY

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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 95301		2. Exact name of the Corporation THE GALLERY SALON, INC.			
3. Principal Office Address 31 GOVERNOR STREET		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A HAIR SALON AND THE RETAIL OF ASSOCIATED BEAUTY PRODUCTS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM CONTI			Vice-President Name YVONNE CONTI		
Street Address 321 ONLEY ARNOLD ROAD			Street Address 321 ONLEY ARNOLD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name WILLIAM CONTI			Treasurer Name YVONNE CONTI		
Street Address 321 ONLEY ARNOLD ROAD			Street Address 321 ONLEY ARNOLD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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 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	
		0		COMMON	
				NOPAR	
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 WILLIAM CONTI				Date 2-28-2021	
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