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State of Rhode Island
Department of State - Business Services Division

FILED
APR 09 2021
BY 4127

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		
42814	Avanti Dezigns, Inc.		
3. Principal Office Address	City	State	Zip
1375 Mineral Spring Avenue	North Providence	RI	02911
4. NAICS Code: 812112	6. Brief description of the character of business conducted in Rhode Island: FULL SERVICE HAIR SALON		
5. State of Incorporation: Rhode Island			

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

President Name: Darren Mallane			Vice-President Name: None		
Street Address: 1375 Mineral Spring Avenue			Street Address:		
City: North Providence	State: RI	Zip: 02911	City:	State:	Zip:
Secretary Name: Helene Rapoza			Treasurer Name: Helene Rapoza		
Street Address: 1375 Mineral Spring Avenue			Street Address: 1375 Mineral Spring Avenue		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911

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

Director Name: Darren Mallane			Director Name: Helene Rapoza		
Street Address: 1375 Mineral Spring Avenue			Street Address: 1375 Mineral Spring Avenue		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

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.

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
Darren Mallane	3-26-21

Signature of Authorized Representative: Darren Mallane

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