State of Rhode Island

Department of State - Business Services Division

FILED

APR 26 2021

BY 24779

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			
118679	Custom Hair Creations, Inc.			
3. Principal Office Address		City	State	Zip
221 Waterman Street (rear)		Providence	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812112	To operate a full service salon including hair replacement			
5. State of Incorporation				
Rhode Island				

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

President Name: Maria Lopes			Vice-President Name: Maria Lopes		
Street Address: 221 Waterman Street (rear)			Street Address: 221 Waterman Street (rear)		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906
Secretary Name: Maria Lopes			Treasurer Name: Maria Lopes		
Street Address: 221 Waterman Street (rear)			Street Address: 221 Waterman Street (rear)		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906

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
none	common	no par

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
Maria Lopes	4/17/2021

Signature of Authorized Representative

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov