



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1-2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the same prescribed by law (R.I.G.L. 7-1-2-1501(c)(d)) is subject to a penalty fee of \$25.00.

01680434 AB Management, Inc

1. Street Address Principal Business Office 117 DESMARAIS ST.			City CUMBERLAND		State RI	Zip 02864
4. Mailing Phone No. 401-632-6942			5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island EYE LASHES/HAIR EXTENSIONS (812112)						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS						
President Name RACHEL H. BESHANSKY			Vice President Name RACHEL H. BESHANSKY			
Street Address 117 DESMARAIS ST.			Street Address 117 DESMARAIS ST.			
City CUMBERLAND		State RI	Zip 02864	City CUMBERLAND		Zip 02864
Secretary Name RACHEL H. BESHANSKY			Treasurer Name RACHEL H. BESHANSKY			
Street Address 117 DESMARAIS ST.			Street Address 117 DESMARAIS ST.			
City CUMBERLAND		State RI	Zip 02864	City CUMBERLAND		Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS						
Director Name RACHEL H. BESHANSKY			Director Name RACHEL H. BESHANSKY			
Street Address 117 DESMARAIS ST.			Street Address 117 DESMARAIS ST.			
City CUMBERLAND		State RI	Zip 02864	City CUMBERLAND		Zip 02864
Director Name			Director Name			
Street Address			Street Address			
City		State	Zip	City		Zip
9. SHARES AUTHORIZED						
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
ISSUED SHARES — THIS SECTION MUST BE COMPLETED						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class Series	Par Value	
			400	COMMON	\$0.01	

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.

FILED

JUN 01 2021

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Rachel Beshansky Date: 5/10/21
RACHEL H. BESHANSKY
Print or Type Name
PRESIDENT
Title