



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

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2021 JUN -8 P 3:01

- 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 74548		2. Exact name of the Corporation <i>The Victorian Rose Inc.</i>				
3. Principal Office Address <i>147 Hemond Avenue</i>			City <i>Woonsocket</i>	State <i>RI</i>	Zip <i>02895</i>	
4. NAICS Code <i>812112</i>		6. Brief description of the character of business conducted in Rhode Island <i>Beauty</i>				
5. State of Incorporation <i>RI</i>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <i>Celeste Cote-Morin</i>			Vice-President Name			
Street Address <i>147 Hemond Avenue</i>			Street Address			
City <i>Woonsocket</i>	State <i>RI</i>	Zip <i>02895</i>	City	State	Zip	
Secretary Name <i>Paul Morin</i>			Treasurer Name			
Street Address <i>147 Hemond Avenue</i>			Street Address			
City <i>Woonsocket</i>	State <i>RI</i>	Zip <i>02895</i>	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <i>N/A</i>			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	PAR VALUE	
		<i>0</i>			<i>0</i>	
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 <i>Celeste Cote-Morin</i>					Date <i>6/8/21</i>	
Signature of Authorized Representative <i>Celeste Cote-Morin</i>						

MAIL TO:
 Division of Business Services
 148 W. River Street Providence, Rhode Island 02904-2615

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