



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

STATUS

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL - 2 P 12:30

1. Entity ID Number 001659059		2. Exact name of the Corporation RALPH LaRAE HAIR DESIGN, INC.	
3. Principal Office Address 515 WARREN AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON		
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 BEVERLY C. MORRIS		Vice-President Name N/A	
Street Address 280 DODGE STREET		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914		Zip	
Secretary Name BEVERLY C. MORRIS		Treasurer Name BEVERLY C. MORRIS	
Street Address 280 DODGE STREET		Street Address 280 DODGE STREET	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name BEVERLY C. MORRIS		Director Name N/A	
Street Address 280 DODGE STREET		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		100 SHARES	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 BEVERLY C. MORRIS			Date ✓ 6/25/2021
Signature of Authorized Representative 			

FILED

JUL 02 2021

BY Ch CK# 661