



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2020**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|--|-------------|---|-----------------|--------------|---|
| 1. Entity ID Number 000074592 | | 2. Exact name of the Corporation SALON VOGUE, INC. | | | |
| 3. Principal Office Address 246 MAIN STREET | | City E. GREENWICH | | State RI | Zip 02818 |
| 4. NAICS Code 812112 | | 6. Brief description of the character of business conducted in Rhode Island FULL SERVICE HAIR SALON | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MARIA SCOTT | | Vice-President Name FRANCESCA YOUNG | | | |
| Street Address 10 OLD TUNK HILL RD | | Street Address 82 WILBUR RD | | | |
| City SCITUATE | State RI | Zip 02825 | City LINCOLN | State RI | Zip 02865 |
| Secretary Name NONE | | Treasurer Name NONE | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | Director Name NONE | | | |
| 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 |
| | | 0 | | | 0.00 |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative FRANCESCA YOUNG | | | | | Date 7-2-2021 |
| Signature of Authorized Representative <i>Francesca Young</i> | | | | | <p style="text-align: center;">FILED</p> <p style="text-align: center;">JUL 15 2021</p> <p style="text-align: center;"><i>BY R28NK</i></p> <p style="text-align: center;">9:35</p> |

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