



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016
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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUL 15 A 9:14

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. 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 FRANCESCA YOUNG				Date 7-12-2021	
Signature of Authorized Representative <i>Francesca Young</i>					

FILED

JUL 15 2021

BY *[Signature]* 8NK
 9:31

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov