



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.

RECEIVED
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 Check the box to indicate an attachment <input type="checkbox"/>					
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		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
9:31MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020