



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2015**  
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 <b>000074592</b>		2. Exact name of the Corporation <b>SALON VOGUE, INC.</b>												
3. Principal Office Address <b>246 MAIN STREET</b>			City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>									
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>FULL SERVICE HAIR SALON</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>MARIA SCOTT</b>			Vice-President Name <b>FRANCESCA YOUNG</b>											
Street Address <b>10 OLD TUNK HILL RD</b>			Street Address <b>82 WILBUR RD</b>											
City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>									
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		0.00			
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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 <b>FRANCESCA YOUNG</b>					Date <b>7-12-2021</b>									
Signature of Authorized Representative <i>Francesca Young</i>														

FILED

JUL 15 2021

BY *H. R. XENK*  
9:30

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov