



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2012**  
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>0</b>			<b>0.00</b>
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. <b>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.</b>					
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 *[Signature]* RXN8K  
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MAIL TO:  
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Website: www.sos.ri.gov