



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2010**  
**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

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<b>1. Entity ID Number</b> 000074592	<b>2. Exact name of the Corporation</b> SALON VOGUE, INC.
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<b>3. Principal Office Address</b> 246 MAIN STREET	<b>City</b> E. GREENWICH	<b>State</b> RI	<b>Zip</b> 02818
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<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)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>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</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>Director Name</b> NONE		<b>Director Name</b> NONE			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Director Name</b>		<b>Director Name</b>			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>9. Shares Authorized</b>	<b>10. Shares Issued</b> <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
	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.**

<b>Name of Authorized Representative</b> FRANCESCA YOUNG	<b>Date</b> 7-12-2021
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<b>Signature of Authorized Representative</b> <i>Francesca Young</i>	<b>FILED</b>
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

JUL 15 2021  
 BY *[Signature]*  
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