State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2003
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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BUS SVCS DIV
2021 JUL 15 A 9:15

1. Entity ID Number	2. Exact name of the Corporation		
000074592	SALON VOGUE, INC.		
3. Principal Office Address	City	State	Zip
246 MAIN STREET	E. GREENWICH	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
812112	FULL SERVICE HAIR SALON		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
MARIA SCOTT			FRANCESCA YOUNG		
Street Address			Street Address		
10 OLD TUNK HILL RD			82 WILBUR RD		
City	State	Zip	City	State	Zip
SCITUATE	RI	02825	LINCOLN	RI	02865
Secretary Name			Treasurer Name		
NONE			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 ☐

Director Name			Director Name		
NONE			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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
FRANCESCA YOUNG	7-12-2021

Signature of Authorized Representative
Francesca Young

FILED
JUL 15 2021
BY [illegible] 9:18

MAIL 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