



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**
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 DIVISION

2021 NOV 24 AM 10:47

1. Entity ID Number 000135378		2. Exact name of the Corporation Salon Systems of New England Inc.												
3. Principal Office Address 333 MAIN STREET			City EAST GREENWICH	State RI	Zip 02818									
4. NAICS Code 812112		5. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A BEAUTY 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 KENNETH COTE			Vice-President Name NONE											
Street Address 333 MAIN STREET			Street Address											
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip									
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 NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized <input checked="" type="checkbox"/>		10. Shares Issued <input checked="" type="checkbox"/> 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 600</td> <td>CNP</td> <td>\$0.0000</td> </tr> <tr> <td><input checked="" type="checkbox"/> 100</td> <td>CNP</td> <td>\$0.0000</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<input checked="" type="checkbox"/> 600	CNP	\$0.0000	<input checked="" type="checkbox"/> 100	CNP	\$0.0000
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		<input checked="" type="checkbox"/> 600	CNP	\$0.0000										
<input checked="" type="checkbox"/> 100	CNP	\$0.0000												
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 LEONARD J. APPEL, CPA, POA				Date 11/23/2021										
Signature of Authorized Representative <i>Leonard J. Appel, CPA, POA</i>														

 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY *JB5NDZR*
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