



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 529151		2. Exact name of the Corporation ENCORE HAIR SALON, INC.	
3. Principal Office Address 23 Greenbrier Road		City Greenville	State RI
		Zip 02828	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island Hair Salon		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kenneth Tortolani		Vice-President Name Kenneth Tortolani	
Street Address 23 Greenbrier Road		Street Address 23 Greenbrier Road	
City Greenville	State RI	City Greenville	State RI
	Zip 02828		Zip 02828
Secretary Name Kenneth Tortolani		Treasurer Name Kenneth Tortolani	
Street Address 23 Greenbrier Road		Street Address 23 Greenbrier Road	
City Greenville	State RI	City Greenville	State RI
	Zip 02828		Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kenneth Tortolani		Director Name	
Street Address 23 Greenbrier Road		Street Address	
City Greenville	State RI	City	State
	Zip 02828		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES 100	CLASS/SERIES Common
Changes require an additional filing.			FAR VA. JF 0-01
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 Kenneth Tortolani, President		Date 8/3/21	
Signature of Authorized Representative			

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

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