

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

Annual Report for the year: 2022  
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000047287</b>		2. Exact name of the Corporation <b>SASSAFRAS SALON, INC</b>			
3. Principal Office Address <b>475 PAWTUCKET AVE.</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>BEAUTY SALON</b>			
5. State of Incorporation <b>Rhode Island</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>MARGARET GARDELLA</b>			Vice-President Name <b>MARGARET GARDELLA</b>		
Street Address <b>477 PAWTUCKET AVE.</b>			Street Address <b>477 PAWTUCKET AVE.</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>MARGARET GARDELLA</b>			Treasurer Name <b>MARGARET GARDELLA</b>		
Street Address <b>477 PAWTUCKET AVE.</b>			Street Address <b>477 PAWTUCKET AVE.</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
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>MARGARET GARDELLA</b>			Director Name		
Street Address <b>477 PAWTUCKET AVE.</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	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>800</b>	<b>CNP</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>MARGARET GARDELLA</b>					Date <b>March 8, 2022</b>
Signature of Authorized Representative <i>Margaret Gardella</i>					

**FILED**

**MAR 21 2022**  
*On 21 W.P.C*