



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 31 2023

BY 1220 KS

|   |             |   |   |             |                   |
|---|-------------|---|---|-------------|-------------------|
| 1. Entity ID Number<br>129821   |             | 2. Exact name of the Corporation<br>AIDILE DAY SPA, INC.  |   |             |                   |
| 3. Principal Office Address<br>53 WATERMAN AVENUE   |             |   | City<br>EAST PROVIDENCE   | State<br>RI | Zip<br>02914      |
| 4. NAICS Code<br>812112   |             | 6. Brief description of the character of business conducted in Rhode Island<br>BEAUTY SALON AND DAY SPA |   |             |                   |
| 5. State of Incorporation<br>RI   |             |   |   |             |                   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |             |                   |
| President Name<br>Maria Aidile Ferro  |             |   | Vice-President Name<br>George E. Ferro  |             |                   |
| Street Address<br>25 Colfall Street   |             |   | Street Address<br>25 Colfall Street   |             |                   |
| City<br>Seekonk   | State<br>MA | Zip<br>02771  | City<br>Seekonk   | State<br>MA | Zip<br>02771      |
| Secretary Name<br>Maria Aidile Ferro  |             |   | Treasurer Name<br>George E. Ferro   |             |                   |
| Street Address<br>25 Colfall Street   |             |   | Street Address<br>25 Colfall Street   |             |                   |
| City<br>Seekonk   | State<br>MA | Zip<br>02771  | City<br>Seekonk   | State<br>MA | Zip<br>02771      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |   |             |                   |
| Director Name<br>Maria Aidile Ferro   |             |   | Director Name<br>George E. Ferro  |             |                   |
| Street Address<br>25 Colfall Street   |             |   | Street Address<br>25 Colfall Street   |             |                   |
| City<br>Seekonk   | State<br>MA | Zip<br>02771  | City<br>Seekonk   | State<br>MA | Zip<br>02771      |
| Director Name<br>None   |             |   | Director Name<br>None   |             |                   |
| 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.<br><br>Changes require an additional filing.  |             |   | NUMBER OF SHARES  |             |                   |
|   |             |   | CLASS/SERIES  |             |                   |
|   |             |   | PAR VALUE   |             |                   |
|   |             |   | 200   |             |                   |
|   |             |   | Common  |             |                   |
|   |             |   | No Par Value  |             |                   |
| 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<br>Maria Aidile Ferro   |             |   |   |             | Date<br>1/14/2023 |
| Signature of Authorized Representative<br>  |             |   |   |             |                   |

MAIL TO:  
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