



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

FEB 02 2023

BY 4086

1. Entity ID Number <b>59039</b>		2. Exact name of the Corporation <b>Avalon Hair, Etc., Inc.</b>			
3. Principal Office Address <b>P.O. Box 42</b>		City <b>North Scituate</b>		State <b>RI</b>	Zip <b>02857</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>Hair and beauty salon and related services</b>			
5. State of Incorporation <b>RI</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>Holly Ballou Dexter</b>			Vice-President Name <b>Holly Ballou Dexter</b>		
Street Address <b>P.O. Box 42</b>			Street Address <b>P.O. Box 42</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Holly Ballou Dexter</b>			Treasurer Name <b>Holly Ballou Dexter</b>		
Street Address <b>P.O. Box 42</b>			Street Address <b>P.O. Box 42</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</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			Director Name		
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					
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/STRIKES		
			PAR VALUE		
<b>500</b>			<b>CNP</b>		
			<b>No Par Value</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>Holly Ballou Dexter</b>					Date <b>X 01-30-23</b>
Signature of Authorized Representative <i>X Holly Ballou Dexter</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

FORM 630 - Revised: 11/2021