



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2023  
Corporation

FEB 07 2023

BY 26237  
KS

- 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 118679		2. Exact name of the Corporation Custom Hair Creations, Inc.												
3. Principal Office Address 221 Waterman Street (rear)			City Providence	State RI	Zip 02906									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island To operate a full service salon including hair replacement												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Maria Lopes			Vice-President Name Maria Lopes											
Street Address 221 Waterman Street (rear)			Street Address 221 Waterman Street (rear)											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
Secretary Name Maria Lopes			Treasurer Name Maria Lopes											
Street Address 221 Waterman Street (rear)			Street Address 221 Waterman Street (rear)											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>none</td> <td>common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	none	common	no par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
none	common	no par												
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 Maria Lopes				Date 1/28/23										
Signature of Authorized Representative 														

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