



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 STAMP

MAR 02 2023

BY 9437 DS

1. Entity ID Number 001691609		2. Exact name of the Corporation Silvia's Hair Stylings, Inc.			
3. Principal Office Address 241 Bullocks Point Avenue			City East Providence	State RI	Zip 02915
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating a hair salon and all other lawfully related business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Silvana Cubellotti			Vice-President Name Silvana Cubellotti		
Street Address 241 Bullocks Point Avenue			Street Address 241 Bullocks Point Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Silvana Cubellotti			Treasurer Name Silvana Cubellotti		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Silvana Cubellotti			Director Name		
Street Address Same			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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			500.00	CNP	0.00
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 Silvana Cubellotti					Date 2-1-23
Signature of Authorized Representative <i>Silvana Cubellotti</i>					

MAIL TO:

Division of Business Services

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