



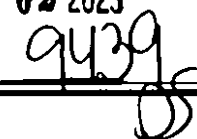
State of Rhode Island
Department of State - Business Services Division

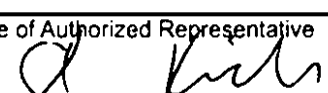
Annual Report for the year: 2023
Corporation

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

FILED

MAR 02 2023

BY 9439


1. Entity ID Number 000127172		2. Exact name of the Corporation Mary Jane's Beauty Salon, Inc.				
3. Principal Office Address 1525 Old Louisquisset Pike - Unit E-1			City Lincoln	State RI	Zip 02865	
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating a beauty 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 Cheryl Kinch			Vice-President Name Cheryl Kinch			
Street Address 1525 Old Louisquisset Pike - Unit E-1			Street Address 1525 Old Louisquisset Pike - Unit E-1			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
Secretary Name Cheryl Kinch			Treasurer Name Cheryl Kinch			
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 Cheryl Kinch			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		PAR VALUE	
			800		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 Cheryl Kinch				Date 2/3/23		
Signature of Authorized Representative 						

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov