



State of Rhode Island

## Department of State - Business Services Division

FILED

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.

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BY 3748  
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1. Entity ID Number 7089		2. Exact name of the Corporation NBC HAIR STUDIO, INC.			
3. Principal Office Address 1447 Park Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island Beauty salon and spa and sale of related beauty salon products				
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 Nancy Salvatore			Vice-President Name Cheryl Mancuso		
Street Address 7 Sage Drive			Street Address 59 Tacoma Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name Cheryl Mancuso			Treasurer Name Nancy Salvatore		
Street Address 59 Tacoma Street			Street Address 7 Sage Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Nancy Salvatore			Director Name Cheryl Mancuso		
Street Address 7 Sage Drive			Street Address 59 Tacoma Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
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>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE none
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 Nancy Salvatore, President					Date 3-22-23
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