



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

- 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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SECRETARY OF STATE
STATE OFFICE

1. Entity ID Number 95301		2. Exact name of the Corporation THE GALLERY SALON, INC.	
3. Principal Office Address 31 GOVERNOR STREET		City PROVIDENCE	State RI
		Zip 02906	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A HAIR SALON AND THE RETAIL OF ASSOCIATED BEAUTY PRODUCTS.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name WILLIAM CONTI		Vice-President Name YVONNE CONTI	
Street Address 321 ONLEY ARNOLD ROAD		Street Address 321 ONLEY ARNOLD ROAD	
City CRANSTON	State RI	Zip 02921	City CRANSTON
			State RI
			Zip 02921
Secretary Name WILLIAM CONTI		Treasurer Name YVONNE CONTI	
Street Address 321 ONLEY ARNOLD ROAD		Street Address 321 ONLEY ARNOLD ROAD	
City CRANSTON	State RI	Zip 02921	City CRANSTON
			State RI
			Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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/SERIFS	
		PAR VALUE	
		1000	COMMON
			NOPAR
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 WILLIAM CONTI		Date 3-6-23	
Signature of Authorized Representative <i>William Conti</i>			

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