



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.

RECEIVED  
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MAR 7 2023

SECRETARY OF STATE  
STATE OFFICE

1. Entity ID Number <b>95301</b>		2. Exact name of the Corporation <b>THE GALLERY SALON, INC.</b>			
3. Principal Office Address <b>31 GOVERNOR STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OWN AND OPERATE A HAIR SALON AND THE RETAIL OF ASSOCIATED BEAUTY PRODUCTS.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILLIAM CONTI</b>			Vice-President Name <b>YVONNE CONTI</b>		
Street Address <b>321 ONLEY ARNOLD ROAD</b>			Street Address <b>321 ONLEY ARNOLD ROAD</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>WILLIAM CONTI</b>			Treasurer Name <b>YVONNE CONTI</b>		
Street Address <b>321 ONLEY ARNOLD ROAD</b>			Street Address <b>321 ONLEY ARNOLD ROAD</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
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		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIFS	
		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. <b>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.</b>					
Name of Authorized Representative <b>WILLIAM CONTI</b>				Date <b>3-6-23</b>	
Signature of Authorized Representative <i>William Conti</i>					

MAR 07 2023  
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MAIL TO:  
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Website: www.sos.ri.gov