



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 08 2023
 BY *[Signature]*

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.

| | | | | | |
|--|--------------------|--|---|--------------------|--|
| 1. Entity ID Number 000300330 | | 2. Exact name of the Corporation Primrose Group, Inc. | | | |
| 3. Principal Office Address 35 Salem Drive | | | City North Providence | State RI | Zip 02904 |
| 4. NAICS Code 812112 | | 6. Brief description of the character of business conducted in Rhode Island Hair Salon | | | |
| 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 David Vittorio | | | Vice-President Name Doreen Vittorio | | |
| Street Address 35 Salem Drive | | | Street Address SAME | | |
| City North Providence | State RI | Zip 02904 | City | State | Zip |
| Secretary Name David Vittorio | | | Treasurer Name Doreen Vittorio | | |
| 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 | | | 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VA: UF |
| | | 2000 | | Common | \$0.01 |
| 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 David Vittorio | | | | | Date 3/2/2023 |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |

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