



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2022**

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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RI DEPT. OF STATE
2023 MAR 24 P 3:13

1. Entity ID Number 001667576		2. Exact name of the Corporation Salon Sapphire By Sabrina Marie, Inc.	
3. Principal Office Address 1571 Atwood Avenue Unit 104		City Johnston	State RI
		Zip 02919	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island Hair and Make Up Salon. All phases of said industry,		
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 Sabrina M Fuoco		Vice-President Name Rabecca L Eunis	
Street Address 124 Pleasant Street		Street Address 1119 N Victoria Park Rd Unit 8	
City Cranston	State RI	City Fort Lauderdale	State FL
Zip 02910		Zip 33304	
Secretary Name Sabrina M Fuoco		Treasurer Name Rabecca L Eunis	
Street Address 124 Pleasant Street		Street Address 1119 N Victoria Park Rd. Unit 8	
City Cranston	State RI	City Fort Lauderdale	State FL
Zip 02910		Zip 33304	
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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		6667 CWP .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 Rabecca L Eunis			Date 03/24/2023
Signature of Authorized Representative <i>Rabecca L Eunis</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

FILED
MAR 24 2023
BY *DX84H*
AA. 3:16pm