



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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
BUSINESS SERVICES DIVISION

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	Zip 02910	City Fort Lauderdale	State FL	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	Zip 02910	City Fort Lauderdale	State FL	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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/SERIES		
			PAR VALUE		
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 					

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 AX84H
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