



State of Rhode Island

Department of State - Business Services Division

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.

FILED

APP 03 2023

BY

1. Entry ID Number 55440		2. Exact name of the Corporation SHEAR DIMENSIONS, INC.			
3. Principal Office Address 885 Reservoir Avenue		City Cranston		State RI	Zip 02910
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 Joseph M. Faraone			Vice-President Name Pasco Petronio, Jr.		
Street Address 284 Garden City Drive			Street Address 4 Laurel Hill Avenue		
City Cranston	State RI	Zip 02920	City Smithfield	State RI	Zip 02917
Secretary Name Joanne Petronio			Treasurer Name Joanne Petronio		
Street Address 4 Laurel Hill Avenue			Street Address 4 Laurel Hill Avenue		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE None
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 <i>Joanne Petronio</i>				Date 3/23/23	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023