



**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.

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**MAY 08 2023**  
7868 *a*

1. Entity ID Number <b>113649</b>	2. Exact name of the Corporation <b>MOSS SALON, INC.</b>
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3. Principal Office Address <b>114 NORTH MAIN STREET</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
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4. NAICS Code <b>812112</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OWN AND OPERATE A BEAUTY SALON</b>
5. State of Incorporation <b>RI</b>	

<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JODY BUTLER</b>			Vice-President Name <b>TAMMY TOURTELOTT</b>		
Street Address <b>550 HIGH STREET</b>			Street Address <b>13 WESTCOTT ROAD</b>		
City <b>ASHAWAY</b>	State <b>RI</b>	Zip <b>02808</b>	City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>JODY BUTLER</b>			Treasurer Name <b>MICHAEL FALLONE</b>		
Street Address			Street Address <b>33 BROOKMAN ROAD</b>		
City	State	Zip	City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>

<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JODY BUTLER</b>			Director Name <b>TAMMY TOURTELOTT</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>MICHAEL FALLONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

<b>9. Shares Authorized</b>	<b>10. Shares Issued</b> <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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			

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 <b>MICHAEL FALLONE</b>	Date <b>5.4.23</b>
Signature of Authorized Representative <i>Michael Fallone</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