



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

JUN 01 2023

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OS

1. Entity ID Number 72274		2. Exact name of the Corporation CONNECTIONS IS HAIR INC.			
3. Principal Office Address 240 CHESTNUT STREET		City WARWICK		State RI	Zip 02888
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island HAIR CARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name BONNIE PLANTE			Vice-President Name		
Street Address 6 BENSON AVENUE			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name			Treasurer Name BONNIE PLANTE		
Street Address			Street Address 6 BENSON AVENUE		
City	State	Zip	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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. <b>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.</b>					
Name of Authorized Representative BONNIE PLANTE				Date 5-29-23	
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](http://www.sos.ri.gov)

FORM 630- Revised: 04/2023