



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 AMP

JUN 01 2023

EV 1688
DS

1. Entity ID Number 93617		2. Exact name of the Corporation ONE ON ONE HAIR DESIGN, INC.			
3. Principal Office Address 40 DEER RUN TRAIL			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island HAIR SALON AND RELATED SERVICES			
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 CYNTHIA LOTITO			Vice-President Name SAME		
Street Address 40 DEER RUN TRAIL			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CYNTHIA LOTITO			Director Name		
Street Address 40 DEER RUN TRAIL			Street Address		
City SMITHFIELD	State RI	Zip 02917	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 CLASS/SERIES PAR VA: UF		
			100	COMMON	NPV
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 CYNTHIA LOTITO				Date 05/22/2023	
Signature of Authorized Representative 				5/30/2023	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630- Revised: 04/2023