



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 AUG 10 P 1:48

1. Entity ID Number 000094007		2. Exact name of the Corporation B.E.T. SALON & SUPPLY, INC.	
3. Principal Office Address 389 BROAD STREET		City PROVIDENCE	State RI
		Zip 02907	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON		
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 BLESSING EKPERI		Vice-President Name BLESSING EKPERI	
Street Address 15 MARLBORO STREET		Street Address 15 MARLBORO STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Secretary Name BLESSING EKPERI		Treasurer Name	
Street Address 15 MARLBORO STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02907		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name BLESSING EKPERI		Director Name BLESSING EKPERI	
Street Address 15 MARLBORO STREET		Street Address 15 MARLBORO STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Director Name BLESSING EKPERI		Director Name	
Street Address 15 MARLBORO STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02907		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		8000	0
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 BLESSING EKPERI		Date 8/9/2023	
Signature of Authorized Representative 			

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

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BY ML BN P08

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FORM 630- Revised 04/2023