



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2008

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 2:49

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)					Check the box to indicate an attachment <input type="checkbox"/>
President Name BLESSING EKPERI			Vice-President Name BLESSING EKPERI		
Street Address 15 MARLBORO STREET			Street Address 15 MARLBORO STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name BLESSING EKPERI			Treasurer Name		
Street Address 15 MARLBORO STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name BLESSING EKPERI			Director Name BLESSING EKPERI		
Street Address 15 MARLBORO STREET			Street Address 15 MARLBORO STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name BLESSING EKPERI			Director Name		
Street Address 15 MARLBORO STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		8000		D	
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 BLESSING EKPERI				Date 8/9/2023	
Signature of Authorized Representative <i>B.E. Ekperi</i>					

FILED

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

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BY *ml* *BNP*
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FORM 630 - Revised: 04/2023