



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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

DEC 18 2023

EY

1. Entry ID Number 85517		2. Exact name of the Corporation Chrissy's Hair Salon, Inc.												
3. Principal Office Address 1330 Mineral Spring Ave.			City North Providence	State RI	Zip 02904									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hairdressing 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 Christine Gonsalves			Vice-President Name Christine Gonsalves											
Street Address 7 View Avenue			Street Address 7 View Avenue											
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904									
Secretary Name Christine Gonsalves			Treasurer Name Christine Gonsalves											
Street Address 7 View Avenue			Street Address 7 View Avenue											
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Christine Gonsalves			Director Name											
Street Address 7 View Avenue			Street Address											
City North Providence	State RI	Zip 02904	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par												
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 Christine Gonsalves					Date 12/18/2023									
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