



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 <b>85517</b>		2. Exact name of the Corporation <b>Chrissy's Hair Salon, Inc.</b>			
3. Principal Office Address <b>1330 Mineral Spring Ave.</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>Hairdressing Salon</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Christine Gonsalves</b>			Vice-President Name <b>Christine Gonsalves</b>		
Street Address <b>7 View Avenue</b>			Street Address <b>7 View Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Christine Gonsalves</b>			Treasurer Name <b>Christine Gonsalves</b>		
Street Address <b>7 View Avenue</b>			Street Address <b>7 View Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Christine Gonsalves</b>			Director Name		
Street Address <b>7 View Avenue</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>100</b>	<b>Common</b>	<b>No Par</b>
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 <b>Christine Gonsalves</b>					Date <b>12/18/2023</b>
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: 11/2021