



**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.

REC'D RIDG S BSG  
24 JAN 31 AM 10:00:17

1. Entity ID Number <u>000041302</u>		2. Exact name of the Corporation <u>WAVE LENGTHS SALON &amp; SPA INC</u>			
3. Principal Office Address <u>181 BELLEVUE AVE</u>			City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
4. NAICS Code <u>812990</u>		6. Brief description of the character of business conducted in Rhode Island <u>SALON &amp; SPA SERVICES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>D'Ann E SCOTT</u>			Vice-President Name -		
Street Address <u>60 MALEE TERR</u>			Street Address -		
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City -	State -	Zip -
Secretary Name -			Treasurer Name -		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	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 -			Director Name -		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
Director Name -			Director Name -		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1000000</u>		<u>CA</u>	<u>0.</u>
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. <i>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.</i>					
Name of Authorized Representative <u>D'Ann E SCOTT - D'Ann E SCOTT</u>					Date <u>1/30/23</u>
Signature of Authorized Representative <u>D'Ann E SCOTT</u>					<b>FILED</b> <b>JAN 31 2024</b> <b>BY NERCX</b>

MAIL TO:  
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