



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
 JAN 31 2024
 BY 1243

1. Entity ID Number 129821		2. Exact name of the Corporation AIDILE DAY SPA, INC.			
3. Principal Office Address 53 WATERMAN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON AND DAY SPA			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maria Aidile Ferro			Vice-President Name George E. Ferro		
Street Address 25 Colfall Street			Street Address 25 Colfall Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Maria Aidile Ferro			Treasurer Name George E. Ferro		
Street Address 25 Colfall Street			Street Address 25 Colfall Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maria Aidile Ferro			Director Name George E. Ferro		
Street Address 25 Colfall Street			Street Address 25 Colfall Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name None			Director Name None		
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.			NUMBER OF SHARES	CLASS/SRILS	PAR VALUE
			200	Common	No Par Value
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 Maria Aidile Ferro				Date 1/9/2024	
Signature of Authorized Representative 					

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