

REC'D RIDOS BSD
24 FEB 1 PM 1:14:00

REC'D RIDOS BSD
24 JAN 23 AM 11:46:53



**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.

1. Entity ID Number 001716616		2. Exact name of the Corporation Healthcare Cosmetology Services Inc	
3. Principal Office Address 1382 Pleasant St		City Weymouth	State MA
		Zip 02189	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island We provide salon services to residents of retirement communities		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bart Boncaldo		Vice-President Name	
Street Address 1382 Pleasant St		Street Address	
City Weymouth	State MA	Zip 02189	
Secretary Name Catherine Boncaldo		Treasurer Name	
Street Address 1382 Pleasant St		Street Address	
City Weymouth	State MA	Zip 02189	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bart Boncaldo		Director Name Catherine Boncaldo	
Street Address 1383 Pleasant St		Street Address 1382 Pleasant St	
City Weymouth	State MA	Zip 02189	
Director Name		Director Name	
Street Address		Street Address	
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.		15	0
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 Bart Boncaldo			Date 1/19/24
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

FILED

1:15

FEB 01 2024
BY ML KPM SJ