



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

FILED

FEB 12 2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY HS DS

|  |                    |  |   |                               |                          |
|--|--------------------|--|---|-------------------------------|--------------------------|
| 1. Entry ID Number<br><u>000120915</u>   |                    | 2. Exact name of the Corporation<br><u>Bi Design Salon Inc</u>   |   |                               |                          |
| 3. Principal Office Address<br><u>382 WOODRUFF AVE</u>   |                    |  | City<br><u>WAKEFIELD</u>  | State<br><u>RI</u>            | Zip<br><u>02879</u>      |
| 4. NAICS Code<br><u>812112</u>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>HAIR SALON, Pedicures, manicures</u> |   |                               |                          |
| 5. State of Incorporation<br><u>R.I.</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<br><u>DAVID LEE</u>   |                    |  | Vice-President Name<br><u>MARK DUBIEL</u>   |                               |                          |
| Street Address<br><u>130 MT View Ave</u>   |                    |  | Street Address<br><u>130 MT View Ave</u>  |                               |                          |
| City<br><u>NORTH KINGSTOWN</u>   | State<br><u>RI</u> | Zip<br><u>02852</u>  | City<br><u>NORTH KINGSTOWN</u>  | State<br><u>RI</u>            | Zip<br><u>02852</u>      |
| Secretary Name<br><u>DAVID LEE</u>   |                    |  | Treasurer Name<br><u>DAVID LEE</u>  |                               |                          |
| Street Address<br><u>130 MT View Ave</u>   |                    |  | Street Address<br><u>130 MT View Ave</u>  |                               |                          |
| City<br><u>NORTH KINGSTOWN</u>   | State<br><u>RI</u> | Zip<br><u>02852</u>  | City<br><u>N. KINGSTOWN</u>   | State<br><u>RI</u>            | Zip<br><u>02852</u>      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                               |                          |
| Director Name<br><u>DAVID LEE</u>  |                    |  | Director Name<br><u>MARK DUBIEL</u>   |                               |                          |
| Street Address<br><u>130 MT View Ave</u>   |                    |  | Street Address<br><u>130 MT View Ave</u>  |                               |                          |
| City<br><u>N. KINGSTOWN</u>  | State<br><u>RI</u> | Zip<br><u>02852</u>  | City<br><u>N. KINGSTOWN</u>   | State<br><u>RI</u>            | Zip<br><u>02852</u>      |
| Director Name  |                    |  | Director Name   |                               |                          |
| Street Address   |                    |  | Street Address  |                               |                          |
| City   | State              | Zip  | City  | State                         | Zip                      |
| 9. Shares Authorized   |                    |  |   |                               |                          |
| This information is currently of record in the Department of State.<br><br>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<br><u>100</u>  | CLASS/SERIES<br><u>COMMON</u> | PAR VALUE<br><u>NONE</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.<br><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<br><u>David Lee</u>  |                    |  |   |                               | Date<br><u>2-6-24</u>    |
| Signature of Authorized Representative<br><u>David Lee</u>   |                    |  |   |                               |                          |