



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

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

FEB 12 2024

BY 119 DS

1. Entry ID Number <u>000120915</u>		2. Exact name of the Corporation <u>Bi Design Salon Inc</u>	
3. Principal Office Address <u>382 WOODRUFF AVE</u>		City <u>WAKEFIELD</u>	State <u>RI</u>
Zip <u>02879</u>			
4. NAICS Code <u>812112</u>	6. Brief description of the character of business conducted in Rhode Island <u>HAIR SALON, Pedicures, manicures</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DAVID LEE</u>		Vice-President Name <u>MARK DUBIEL</u>	
Street Address <u>130 MT View Ave</u>		Street Address <u>130 MT View Ave</u>	
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH KINGSTOWN</u>
Secretary Name <u>DAVID LEE</u>		Treasurer Name <u>DAVID LEE</u>	
Street Address <u>130 MT View Ave</u>		Street Address <u>130 MT View Ave</u>	
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>
State <u>RI</u>		Zip <u>02852</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>DAVID LEE</u>		Director Name <u>MARK DUBIEL</u>	
Street Address <u>130 MT View Ave</u>		Street Address <u>130 MT View Ave</u>	
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>
State <u>RI</u>		Zip <u>02852</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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/SERIES	
		PAR VALUE	
		<u>100</u>	<u>COMMON</u>
			<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. <u>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.</u>			
Name of Authorized Representative <u>David Lee</u>		Date <u>2-6-24</u>	
Signature of Authorized Representative <u>David Lee</u>			