



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000041843

**2. Name of Corporation** CREATIVE CORNER CORP.

**3. Street Address Principal Business Office:**

No. and Street: 457 TIOGUE AVENUE

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

**4. Business Phone No.**

401-821-4840

**5. State of Incorporation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

812112

**6. Brief Description of the Character of Business Conducted in Rhode Island**

HAIR SALON

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	KELLY J RITAROSS I	39 MONROE DR COVENTRY, RI 02816 US
SECRETARY	LOIS M BENJAMIN	20 WALKER LANE COVENTRY, RI 02816 US
VICE PRESIDENT	KELLY J RITAROSS I	39 MONROE DR COVENTRY, RI 02816 US
PRESIDENT	LOIS M BENJAMIN	20 WALKER DRIVE COVENTRY, RI 02816 USA
DIRECTOR	KELLY J RITAROSS I	39 MONROE DR COVENTRY, RI 02186 US
DIRECTOR	LOIS M BENJAMIN	20 WALKER LANE COVENTRY, RI 02816 US

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	12,000.00	1200

9. 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.

Signed this 4 Day of March, 2024 at 5:59:38 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By LOIS BENJAMIN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07