



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.

MAR 04 2024

20903

1. Entity ID Number 95301		2. Exact name of the Corporation THE GALLERY SALON, INC.			
3. Principal Office Address 31 GOVERNOR STREET		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A HAIR SALON AND THE RETAIL OF ASSOCIATED BEAUTY PRODUCTS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name WILLIAM CONTI			Vice-President Name YVONNE CONTI		
Street Address 321 ONLEY ARNOLD ROAD			Street Address 321 ONLEY ARNOLD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name WILLIAM CONTI			Treasurer Name YVONNE CONTI		
Street Address 321 ONLEY ARNOLD ROAD			Street Address 321 ONLEY ARNOLD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  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 100	CLASS/SERIES COMMON	PAR VALUE NONE
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. <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 WILLIAM CONTI					Date 3-1-24
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

FORM 630 Revised 12/2023