

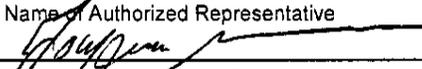
FILED

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

MAR 07 2024
BY 1556
D

- 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 000542612		2. Exact name of the Corporation STUDIO MILLENIUM ENTERPRISES INC.				
3. Principal Office Address 14 STAFFORD ROAD, UNIT C			City TIVERTON		State RI	
			Zip 02878			
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI		BEAUTY SALONS				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>	
President Name JOAQUIM BARBOSA			Vice-President Name STMT 1			
Street Address 1866 BAY STREET			Street Address			
City FALL RIVER	State MA	Zip 02724	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
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		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	
				COMMON		
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 					Date 3-1-24	
Signature of Authorized Representative JOAQUIM BARBOSA						

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

043521718 Studio Millenium Enterprises Inc.
04-3521718
FYE: 12/31/2023

Rhode Island Statements

2/3/2024 12:39 PM,

Statement 1 - Form RI 630, Line 7 - Names and Addresses of Officers

Pos	First Name	Last Name	Address	City	State	Zip
P	Douglas	Ferreira	1866 Bay Street	Fall River	MA	02724

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MAR 07 2024
BY 1586
PS