

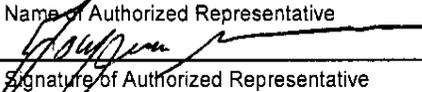
FILED

State of Rhode Island  
Department of State - Business Services Division

MAR 07 2024  
BY 1556  
D

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.

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 BEAUTY SALONS					
5. State of Incorporation RI							
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.							
<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 						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

FILED  
MAR 07 2024  
BY 1586  
PS