RI SOS Filing Number: 202448305910 Date: 3/8/2024 4:00:00 PM

RECD RIDOS BSD
2024 MAR 8 PM 3:41:24

AMP

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.

1. Entity ID Number	2. Exact name of the Corporation
000022101	THE BEST LITTLE HAIR HOUSE, INC.

3. Principal Office Address	City	State	Zip
731 Hope Street	Providence	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812112	Beautician Services
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Beverly Alessandro	Beverly Alessandro
Street Address: 33 Blackburn Street	Street Address: 33 Blackburn Street
City: Pawtucket, State: RI, Zip: 02861	City: Pawtucket, State: RI, Zip: 02861
Secretary Name: Beverly Alessandro	**Treasurer Name:** Beverly Alessandro
Street Address: 33 Blackburn Street	Street Address: 33 Blackburn Street
City: Pawtucket, State: RI, Zip: 02861	City: Pawtucket, State: RI, Zip: 02861

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Beverly Alessandro	
Street Address: 33 Blackburn Street	Street Address:
City: Pawtucket, State: RI, Zip: 02861	City: , State: , Zip:
Director Name:	**Director Name:**
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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: Beverly Alessandro
Date: Feb 1, 2024

Signature of Authorized Representative: Beverly Alessandro

FILED
MAR 08 2024
BY

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 04/2023