



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.

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1. Entity ID Number <b>000022101</b>		2. Exact name of the Corporation <b>THE BEST LITTLE HAIR HOUSE, INC.</b>			
3. Principal Office Address <b>731 Hope Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>Beautician Services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Beverly Alessandro</b>			Vice-President Name <b>Beverly Alessandro</b>		
Street Address <b>33 Blackburn Street</b>			Street Address <b>33 Blackburn Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name <b>Beverly Alessandro</b>			Treasurer Name <b>Beverly Alessandro</b>		
Street Address <b>33 Blackburn Street</b>			Street Address <b>33 Blackburn Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Beverly Alessandro</b>			Director Name		
Street Address <b>33 Blackburn Street</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	
		<b>100</b>		<b>Common</b>	
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 <b>Beverly Alessandro</b>					Date <b>Feb 1, 2024</b>
Signature of Authorized Representative <i>Beverly Alessandro</i>					FILED <b>MAR 08 2024</b> BY <i>f w tem</i>

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov