State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001745915	Bliss Beauty and Barber Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Community of Cosmetologists, Barbers, Hairdressers, braiders natural hairstylist, educators, beauty professionals, massage therapist, nail techs, Lash techs, and associated partners.
4. NAICS Code: 812199	

6. Principal Office Address	City	State	Zip
P.O. Box 23103	Providence	RI	02903

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

President Name	Vice-President Name
Christine Paige	Peter Monteiro
Street Address: P.O. Box 23103	Street Address: P.O. Box 23103
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903
Secretary Name	Treasurer Name
Street Address	Street Address
City; State; Zip	City; State; Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Iraida Cooper	John Dickerson
Street Address: P.O. Box 23103	Street Address: P.O. Box 23103
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903
Director Name: Melanie DesJarlis	Director Name: Sarah Wright
Street Address: P.O. Box 23103	Street Address: P.O. Box 23103
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: Christine Paige
Date: 3/14/24

Signature of Officer/Authorized Representative: Christine Paige

FILED
MAR 14 2024
2:39
BY AL 4RHB1

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 631- Revised: 12/2023