



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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.

REC'D RI SOS BSD
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1. Entity ID Number 001745915		2. Exact name of the Corporation 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 P.O. Box 23103			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine Paige			Vice-President Name 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 <input type="checkbox"/>					
Director Name Iraida Cooper			Director Name 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 Joseph 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 <i>Christine Paige</i>					FILED

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

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