



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

MAR 28 2024

BY W. Piccione
PS

→ 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 118090		2. Exact name of the Corporation Hair Solutions, Inc.			
3. Principal Office Address 1243 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island To operate a full service salon including hair replacement			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda A. Piccione			Vice-President Name Linda A. Piccione		
Street Address 1243 Mineral Spring Avenue			Street Address 1243 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Linda A. Piccione			Treasurer Name Linda A. Piccione		
Street Address 1243 Mineral Spring Avenue			Street Address 1243 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02903
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			none	common	no par
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 Linda A. Piccione					Date 3/22/24
Signature of Authorized Representative <u>Linda A. Piccione</u>					