



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.

FILED

APR 11 2024

BY 15090

STAMP

FOR

1. Entity ID Number 000039950		2. Exact name of the Corporation ARTL Enterprises, Inc.	
3. Principal Office Address 3566 POST ROAD		City WARWICK	State RI
		Zip 02886	
4. NAICS Code 812112	6. Brief description of the character of business conducted in Rhode Island HAIR AND BEAUTY SALON AND ALL OTHER LAWFUL PERSONAL CARE AND OTHER SERVICES		
5. State of Incorporation			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ARTHUR LAFAZIA		Vice-President Name ARTHUR LAFAZIA	
Street Address 3566 POST ROAD		Street Address 3566 POST ROAD	
City WARWICK	State RI	Zip 02886	City WARWICK
		State RI	Zip 02886
Secretary Name ARTHUR LAFAZIA		Treasurer Name LYNNE LAFAZIA	
Street Address 3566 POST ROAD		Street Address 3566 POST ROAD	
City WARWICK	State RI	Zip 02886	City WARWICK
		State RI	Zip 02886
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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		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	
		1000	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. <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 ARTHUR LAFAZIA		Date 3/24/24	
Signature of Authorized Representative 			

## 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: 2/2023