



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.

STA:

REC'D RIDOS BSD  
24 APR 8 AM 9:38:05

1. Entity ID Number 001692559		2. Exact name of the Corporation Commerce Enterprises, Inc.												
3. Principal Office Address 178 COMMERCE STREET			City GREENVILLE	State RI	Zip 02828									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name CHERYL SAUCIER			Vice-President Name CHERYL SAUCIER											
Street Address 103 PINE HILL ROAD			Street Address 103 PINE HILL ROAD											
City SCITUATE	State RI	Zip 02857	City SCITUATE	State RI	Zip 02857									
Secretary Name CHERYL SAUCIER			Treasurer Name CHERYL SAUCIER											
Street Address 103 PINE HILL ROAD			Street Address 103 PINE HILL ROAD											
City SCITUATE	State RI	Zip 02857	City SCITUATE	State RI	Zip 02857									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STRIKES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE	100	COMMON	NO PAR VALUE			
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100	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 CHERYL SAUCIER, PRESIDENT					Date 3/5/2024									
Signature of Authorized Representative 					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

APR 08 2024  
BY J. F. J. Sk  
KJ