



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) Check the box to indicate an attachment <input type="checkbox"/>														
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) 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 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"/>												
		<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			
NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE												
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. 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 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

FORM 630 - Revised: 2/2023