



**State of Rhode Island  
Department of State - Business Services Division**

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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.

1. Entity ID Number 001702398	2. Exact name of the Corporation Beauty and the Beard, Inc.
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3. Principal Office Address 384 Market Street	City Warren	State RI	Zip 02885
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3. NAICS Code 812111	4. Brief description of the character of business conducted in Rhode Island Salon
5. State of Incorporation RI	

<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Patrick Cleary			Vice-President Name Stephanie Cleary		
Street Address 528 South St			Street Address 528 South St		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726
Secretary Name Stephanie Cleary			Treasurer Name Patrick Cleary		
Street Address 528 South St			Street Address 528 South St		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726

<b>8. List ALL directors (names and addresses)</b> <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

<b>9. Shares Authorized</b>	<b>10. Shares Issued</b> <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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
100	Common	1.00								
Changes require an additional filing.										

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 Patrick Cleary	FILED	Date 3/13/24
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Signature of Authorized Representative 	APR 17 2024 4862
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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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