



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  
MAY 01 2024  
BY 427031

1. Entity ID Number 118679		2. Exact name of the Corporation Custom Hair Creations, Inc.	
3. Principal Office Address 221 Waterman Street (rear)		City Providence	State RI
		Zip 02906	
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Maria Lopes		Vice-President Name Maria Lopes	
Street Address 221 Waterman Street (rear)		Street Address 221 Waterman Street (rear)	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Maria Lopes		Treasurer Name Maria Lopes	
Street Address 221 Waterman Street (rear)		Street Address 221 Waterman Street (rear)	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		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. <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 Maria Lopes		Date 3/24/2024	
Signature of Authorized Representative 			

MAIL TO:  
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