



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 03 2024  
BY 8176  
DS

| 1. Entity ID Number<br><b>113649</b>   |                    | 2. Exact name of the Corporation<br><b>MOSS SALON, INC.</b>   |   |                    |                              |                  |              |           |            |               |            |  |  |  |
|--|--------------------|---|---|--------------------|------------------------------|------------------|--------------|-----------|------------|---------------|------------|--|--|--|
| 3. Principal Office Address<br><b>114 NORTH MAIN STREET</b>  |                    |   | City<br><b>PROVIDENCE</b>                       | State<br><b>RI</b> | Zip<br><b>02903</b>          |                  |              |           |            |               |            |  |  |  |
| 4. NAICS Code<br><b>812112</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO OWN AND OPERATE A BEAUTY SALON</b>   |   |                    |                              |                  |              |           |            |               |            |  |  |  |
| 5. State of Incorporation<br><b>RU</b>   |                    |   |   |                    |                              |                  |              |           |            |               |            |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                              |                  |              |           |            |               |            |  |  |  |
| President Name<br><b>JODY BUTLER</b>   |                    |   | Vice-President Name<br><b>TAMMY TOIURTELOTT</b> |                    |                              |                  |              |           |            |               |            |  |  |  |
| Street Address<br><b>550 HIGH STREET</b>   |                    |   | Street Address<br><b>13 WESTCOTT ROAD</b>       |                    |                              |                  |              |           |            |               |            |  |  |  |
| City<br><b>ASHAWAY</b>   | State<br><b>RI</b> | Zip<br><b>02808</b>   | City<br><b>SCITUATE</b>                         | State<br><b>RI</b> | Zip<br><b>02857</b>          |                  |              |           |            |               |            |  |  |  |
| Secretary Name<br><b>JODY BUTLER</b>   |                    |   | Treasurer Name<br><b>MICHAEL FALLONE</b>        |                    |                              |                  |              |           |            |               |            |  |  |  |
| Street Address   |                    |   | Street Address<br><b>33 BROOKMAN ROAD</b>       |                    |                              |                  |              |           |            |               |            |  |  |  |
| City   | State              | Zip   | City<br><b>N. PROVIDENCE</b>                    | State<br><b>RI</b> | Zip<br><b>02907</b>          |                  |              |           |            |               |            |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                              |                  |              |           |            |               |            |  |  |  |
| Director Name<br><b>JODY BUTLER</b>  |                    |   | Director Name<br><b>TAMMY TOURTELOTT</b>        |                    |                              |                  |              |           |            |               |            |  |  |  |
| Street Address   |                    |   | Street Address                                  |                    |                              |                  |              |           |            |               |            |  |  |  |
| City   | State              | Zip   | City  | State              | Zip                          |                  |              |           |            |               |            |  |  |  |
| Director Name<br><b>MICHAEL FALLONE</b>  |                    |   | 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.<br><br>Changes require an additional filing.   |                    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td><b>100</b></td> <td><b>COMMON</b></td> <td><b>.01</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> |   |                    |                              | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>100</b> | <b>COMMON</b> | <b>.01</b> |  |  |  |
|  |                    | NUMBER OF SHARES  | CLASS/SERIES                                    | PAR VALUE          |                              |                  |              |           |            |               |            |  |  |  |
| <b>100</b>   | <b>COMMON</b>      | <b>.01</b>  |   |                    |                              |                  |              |           |            |               |            |  |  |  |
|  |                    |   |   |                    |                              |                  |              |           |            |               |            |  |  |  |
|  |                    |   |   |                    |                              |                  |              |           |            |               |            |  |  |  |
| 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.<br><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<br><b>MICHAEL FALLONE Treasurer</b>  |                    |   |   |                    | Date<br><b>APRIL 29 2024</b> |                  |              |           |            |               |            |  |  |  |
| Signature of Authorized Representative<br><i>Michael Fallone Treasurer</i>   |                    |   |   |                    |                              |                  |              |           |            |               |            |  |  |  |