



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

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov