RI SOS Filing Number: 202455751230 Date: 6/13/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

- > Filing period. February 1 May 1
- → Filing Fee \$50.00
- → Penalty Additional \$25 00 fee if form is not filed by May 31.

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Entity ID Number	2 Evact name of	the Corporation		<u> </u>					
•	2. Exact name of the Corporation								
001676144	[ATOMIC /	94 PARK AVEN		·		State	. 7		
3 Principal Office Address			City				Zis		
794 PARK AVENUE	·		014111111111111111111111111111111111111			ŖΙ	02910		
4 NAICS Code	Brief description of the character of business conducted in Rhode Island								
81,2111									
5 State of Incorporation									
RI HATR SALON									
7. List ALL officers (names and	d addresses)			Check the box to indicate an attachment					
President Name	Name			Vice-President Name					
DANIEL MONTEIRO	TEIRO			DANIEL MONTEIRO					
Street Address			Street Address						
145 LEXINGTON A	LEXINGTON AVENUE			145 LEXINGTON AVENUE					
City	State	Zip	City		State	, , ,	<u>'</u> ıp		
NORTH PROVIDENC	RI	02904	NORTH	PROVIDENC	RI	ļ	02904		
Secretary Name	<u>, -,-</u>		Treasurer Name						
DANIEL MONTELRO	MONTELRO DANTEL MONTETRO								
Street Address			Street Address						
145 LEXINGTON A	VENUE		145 LEXINGTON AVENUE						
City	State	Zip	City	ZATROTOR A	State				
NORTH PROVIDENC	RI	02904	} *	PROVIDENC	RI		02304		
	<u> </u>	_02904	1,10,111		•	to indical	le an attachment		
B List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name									
Street Address			Street Address						
City	State	Zip	City	<del></del>	State	7			
,		•	,						
Director Name	Dı			Director Name					
Street Address			Street Address						
City	State	Zip	City		State				
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9. Shares Authorized		10 Shares Issued	issued Check th			he box to indicate an attachment			
This information is currently of record in the NUMBER OF S					IU. AV SAS				
Department of State.		100		CNP		Ī			
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 re-									
ceiver 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 copperined herein are true and correct.									
Name of Authorized Pear Parker				Date					
JUN 1 3 2024									
Signature of Authorized Representative  DANIEL MONTEIRO  BY									
	<u> </u>	<del></del>							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov RI Dept of State #50.00