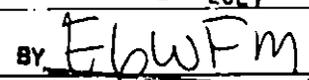


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24 JUN 13 PM 3:58:21

**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.

1. Entity ID Number 001676144		2. Exact name of the Corporation ATOMIC 794 PARK AVENUE, INC.			
3. Principal Office Address 794 PARK AVENUE			City CRANSTON		State RI
4. NAICS Code 812111		6. Brief description of the character of business conducted in Rhode Island HAIR SALON			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
President Name DANIEL MONTEIRO			Vice-President Name DANIEL MONTEIRO		
Street Address 145 LEXINGTON AVENUE			Street Address 145 LEXINGTON AVENUE		
City NORTH PROVIDENC	State RI	Zip 02904	City NORTH PROVIDENC	State RI	Zip 02904
Secretary Name DANIEL MONTEIRO			Treasurer Name DANIEL MONTEIRO		
Street Address 145 LEXINGTON AVENUE			Street Address 145 LEXINGTON AVENUE		
City NORTH PROVIDENC	State RI	Zip 02904	City NORTH PROVIDENC	State RI	Zip 02904
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	C
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 					Date JUN 13 2024
Signature of Authorized Representative DANIEL MONTEIRO					BY 

**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