



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2024 JUL 29 AM 11:35

1. Entity ID Number <u>706457</u>		2. Exact name of the Corporation <u>PACHeco Salon LTD</u>			
3. Principal Office Address <u>709 META COM</u> <u>MEADOWS AVE</u>		City <u>Bristol</u>		State <u>RI</u>	Zip <u>02809</u>
4. NAICS Code <u>812112</u>		6. Brief description of the character of business conducted in Rhode Island <u>HAIR SALON</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Jinda Pacheco</u>			Vice-President Name		
Street Address <u>5 DOMENIC COURT</u>			Street Address		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>1200</u>		CLASS/SERIES	PAR VALUE <u>0</u>
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 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 <u>Linda Pacheco</u>				Date <u>7-26-2024</u>	
Signature of Authorized Representative <u>Linda Pacheco</u>					

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUL 29 2024
BY 136 AA

FORM 630- Revised 12/2023