



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**  
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**  
**NOV 06 2024**  
**BY TCSNA**  
**10:04 AM**

REC'D RI DOS BSD  
24 NOV 6 AM 10:03:04

**RI DOS MADE NON-SUBSTANTIVE EDITS**

1. Entity ID Number <b>001694494</b>		2. Exact name of the Corporation <b>V Salon Inc</b>			
3. Principal Office Address <b>737 Hope Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>Hair Salon</b>			
5. State of Incorporation <b>Rhode Island</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 <b>Benhuai Zhang</b>			Vice-President Name		
Street Address <b>924 Wood Street</b>			Street Address		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
This Information is currently of record in the Department of State.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>200</b>	<b>CNP</b>	<b>0</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. <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 <b>Benhuai Zhang</b>				Date <b>11/04/2024</b>	
Signature of Authorized Representative <i>Benhuai Zhang</i>					

**MAIL TO:**  
Division of Business Services  
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Website: www.sos.ri.gov