



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RI DOS MADE NON-SUBSTANTIVE EDITS

FILED

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BY TCSNA

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MP

1. Entity ID Number 001694494		2. Exact name of the Corporation V Salon Inc												
3. Principal Office Address 737 Hope Street			City Providence	State RI	Zip 02906									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair Salon												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Benhuai Zhang			Vice-President Name											
Street Address 924 Wood Street			Street Address											
City Swansea	State MA	Zip 02777	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 ☐														
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0			
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200	CNP	0												
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 Benhuai Zhang				Date 11/04/2024										
Signature of Authorized Representative <i>Benhuai Zhang</i>														

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