



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.

FILED

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BY TCSNA

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MP

RI DOS MADE NON-SUBSTANTIVE EDITS

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 <input type="checkbox"/>					
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 <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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
		NUMBER OF SHARES 200	CLASS/SERIES CNP	PAR VALUE 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:
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