**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 | 2. Exact name of the Corporation |
|---|---|
| 001338912 | SALON L AMOR UNISEX & BEAUTY SUPPLY INC |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 765 BROAD STREET | PROVIDENCE | RI | 02907 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 812112 | BEAUTY SALON AND SUPPLY SERVICES |
| 5. State of Incorporation | |
| 07-24-2015 | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NICOLAS TINEO | 385 NORTHUP STREET | CRANSTON | RI | 02905 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| WELLINGTON TINEO | 385 NORTHUP STREET | CRANSTON | RI | 02905 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NICOLE TINEO | 385 NORTHUP STREET | PROVIDENCE | RI | 02905 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | 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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 1000 | CWP | 0.0100 |
| | | |

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: Nicolas Tineo.-
Date: 1/8/2025
Signature of Authorized Representative: Nicolas Tineo.-

**FILED**
JAN 14 2025
BY
AM. 10:47 AM

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630- Revised 12/2023