



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

FEB 11 2025

BY 9904

| | | | |
|--|-------------|---|---------------------------|
| 1. Entity ID Number 000127172 | | 2. Exact name of the Corporation Mary Jane's Beauty Salon, Inc. | |
| 3. Principal Office Address 1525 Old Louisquisset Pike - Unit E-1 | | City Lincoln | State RI |
| 4. NAICS Code 812112 | | 6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating a beauty salon and all other lawfully related business. | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Cheryl Kinch | | Vice-President Name Cheryl Kinch | |
| Street Address 1525 Old Louisquisset Pike - Unit E-1 | | Street Address 1525 Old Louisquisset Pike - Unit E-1 | |
| City Lincoln | State RI | City Lincoln | State RI |
| Zip 02865 | | Zip 02865 | |
| Secretary Name Cheryl Kinch | | Treasurer Name Cheryl Kinch | |
| Street Address 1525 Old Louisquisset Pike - Unit E-1 | | Street Address 1525 Old Louisquisset Pike - Unit E-1 | |
| City Lincoln | State RI | City Lincoln | State RI |
| Zip 02865 | | Zip 02865 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Cheryl Kinch | | Director Name | |
| Street Address 1525 Old Louisquisset Pike - Unit E-1 | | Street Address | |
| City Lincoln | State RI | City | State |
| Zip 02865 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 <input type="checkbox"/> | |
| | | NUMBER OF SHARES 800 | CLASS/SERIES Common |
| | | | PAR VALUE no par value |
| 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 Cheryl Kinch | | Date 1/29/25 | |
| Signature of Authorized Representative | | | |