



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

FEB 11 AM 9:11

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	Zip 02865
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	Zip 02865	City Lincoln	State RI	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	Zip 02865	City Lincoln	State RI	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	Zip 02865	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 <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 					

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