RI SOS Filing Number: 202566270240 Date: 2/27/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 27 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
005596	Xclusive Beauty Inc.			
3. Principal Office Address		City	State	Zip
825 Pontiac ave, Apt. 14204		Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812260	Beauty Services			
5. State of Incorporation				
RI				

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

President Name: Pauline Tchorbadjian			Vice-President Name: None		
Street Address: 825 Pontiac Ave. Apt. 14204			Street Address:		
City: Cranston	State: RI	Zip: 02910	City:	State:	Zip:
Secretary Name: Pauline Tchorbadjian			Treasurer Name: Pauline Tchorbadjian		
Street Address: 825 Pontiac Ave. Apt. 14204			Street Address: 825 Pontiac Ave. Apt. 14204		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

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

Director Name: Pauline Tchorbadjian			Director Name: None		
Street Address: 825 Pontiac ave. Apt. 14204			Street Address:		
City: Cranston	State: RI	Zip: 02910	City:	State:	Zip:
Director Name:			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common Stock	$1

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	Date
Pauline Tchorbadjian	
Signature of Authorized Representative	
Pauline	

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