



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 07 2025

BY 27760

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 <b>118679</b>		2. Exact name of the Corporation <b>Custom Hair Creations, Inc.</b>			
3. Principal Office Address <b>221 Waterman Street (rear)</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>To operate a full service salon including hair replacement</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Maria Lopes</b>			Vice-President Name <b>Maria Lopes</b>		
Street Address <b>221 Waterman Street (rear)</b>			Street Address <b>221 Waterman Street (rear)</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Maria Lopes</b>			Treasurer Name <b>Maria Lopes</b>		
Street Address <b>221 Waterman Street (rear)</b>			Street Address <b>221 Waterman Street (rear)</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBLR OF SHARES	CLASS/SERIES	PAR VALUE
			none	common	no par
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.					
<b>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.</b>					
Name of Authorized Representative <b>Maria Lopes</b>				Date <b>2-27/25</b>	
Signature of Authorized Representative 					

MAIL TO:  
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