



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.

FILED
MAR 20 2025
BY 4292

1. Entity ID Number 000059039		2. Exact name of the Corporation Avalon Hair, Etc., Inc.			
3. Principal Office Address P.O. Box 42			City North Scituate	State RI	Zip 02857
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair and Beauty Salon and Related Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Holly Ballou Dexter			Vice-President Name Holly Ballou Dexter		
Street Address P.O. Box 42			Street Address P.O. Box 42		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Holly Ballou Dexter			Treasurer Name Holly Ballou Dexter		
Street Address P.O. Box 42			Street Address P.O. Box 42		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		CNP	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 Holly Ballou Dexter					Date X03-17-25
Signature of Authorized Representative <i>X Holly Ballou Dexter</i>					

MAIL TO:
Division of Business Services
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