



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

APR 02 2025

ccv BY 672

1. Entity ID Number 001659059		2. Exact name of the Corporation RALPH LARAE HAIR DESIGN, INC.			
3. Principal Office Address 280 DODGE STREET		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island BEAUTY SALON			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name BEVERLY C. MORRIS			Vice-President Name N/A		
Street Address 280 DODGE STREET			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name BEVERLY C. MORRIS			Treasurer Name BEVERLY C. MORRIS		
Street Address 280 DODGE STREET			Street Address 280 DODGE STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name BEVERLY C. MORRIS			Director Name N/A		
Street Address 280 DODGE STREET			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 100 SHARES	CLASS/SERIES COMMON	PAR VALUE 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. 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 BEVERLY C. MORRIS				Date 3-29-25	
Signature of Authorized Representative 					

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