



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 21 2025

BY 5237

1. Entity ID Number 42814		2. Exact name of the Corporation Avanti Dezigns, Inc.			
3. Principal Office Address 1264 Douglas Avenue		City North Providence		State RI	Zip 02904
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Full Service Hair Salon			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Darren Mallane			Vice-President Name None		
Street Address 1264 Douglas Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Helene Rapoza			Treasurer Name Helene Rapoza		
Street Address 1264 Douglas Avenue			Street Address 1264 Douglas Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Darren Mallane			Director Name Helene Rapoza		
Street Address 1264 Douglas Avenue			Street Address 1264 Douglas Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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
		100	Common	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 Darren Mallane					Date 4-16-25
Signature of Authorized Representative 					

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