RI SOS Filing	y Number: 202	2572936930	Date: 5/9/20	025 4:00:00 PM			
State of Rhode Isla Department of S		ess Services i	Division				
Annual Report for the year:	2025						
Corporation → Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00		R.I. DEPT. OF STATE BUS SVCS DEPT.					
Entity ID Number		e of the Corporation		2075 HAY			
000041302	Waveler	2. Exact name of the Corporation Wavelengths Salon & Spa, Inc. 2025 MAY -9 A 11: 21					
3. Principal Office Address 181 Bellevue Avenue			City Newport		State RI	Zip 02840	
4. NAICS Code	6. Brief descri	ption of the charact	er of business co	onducted in Rhode Isla	and		
812990	Hair stylin	Hair styling and cutting salon and spa services					
5. State of Incorporation RI	7						
7. List ALL officers (names and addresses) Check the box to indicate an attachment [
President Name D'Ann Scott			Vice-President Name				
Street Address 181 Bellevue Avenue			Street Address	Street Address			
City Newport	State RI	^{Zip} 02840	City		State	Zip	
Secretary Name	Name Treasurer Name						
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	addresses)		Internation		to indicate	an attachment 🔲	
D'Ann Scott	Director Name						
Street Address 181 Bellevue	Street Address	Street Address					
City Newport	State RI	^{Zip} 02840	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
Shares Authorized This Information is currently of re-		10. Shares issu		Check the bo	x to indicate	e an attachment PAR VALUE	
This information is currently of re- Department of State.			R OF SHARES CLASS/SEF		O PAR VALUE		
Changes require an additional filing.		1,000					
11. This report must be executed					ation is in th	e hands of a re-	
ceiver or trustee, this report mus Under penalty of perjury, I dea					panying sc	hedules and	
statements, and that all staten Name of Authorized Representa	ments contained				Date		
D'Ann Scott					5/6/2025		

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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