RI SOS Filing Number: 202574279530 Date: 6/5/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division JUN 05 2025 50 A1 17							15	
Corporation 707 9								
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 2. Exact name of the Corporation								
ROBERT ANTHONY INC.								
3. Principal Office Address					State	Ì	Zip	
140 POINT JUDITH ROAD			NARRA	AGANSETT	RI		02882	
4. NAICS Code	6. Brief description	on of the character	of busines	of business conducted in Rhode Island				
81212 8 12112 5. State of Incorporation	HAIR SALON							
RI								
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Uvice-President Name				
MARION AVARISTA				Vice-i resident ivanie				
Street Address 140 POINT JUDITH ROAD			Street Address					
				City State Zip				
City NARRAGANSETT	RI	02882	'					
Secretary Name			Treasurer Name MARION AVARISTA					
Street Address			Street Address 140 POINT JUDITH ROAD					
City	State	Zip	City NARRAGANSETTT		State RI		Zip 02882	
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name								
Director Name Direc				ime				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State		Zip	
9. Shares Authorized Zo		10. Shares Issue			x to indi			
This information is currently of recor Department of State.	d in the	NUMBER OF SI	HARES	CLASS/SERIES		<u></u>	PAR VALUË	
Changes require an additional filing.		10		NONE				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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 Date								
MARION AVARISTA				5/9/25				
Signature of Authorized Representative								
Mann F Chronite								

MAIL TO:

Division of Business Services

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

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