State of Rhode Island
Department of State - Business Services Division

FILED
JUN 05 2025 STAMP
BY 7829

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.

1. Entity ID Number	2. Exact name of the Corporation
38535	ROBERT ANTHONY INC.

3. Principal Office Address	City	State	Zip
140 POINT JUDITH ROAD	NARRAGANSETT	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~81212~~ 812112	HAIR SALON
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MARION AVARISTA	
Street Address: 140 POINT JUDITH ROAD	Street Address
City: NARRAGANSETT, State: RI, Zip: 02882	City, State, Zip
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
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 200 — 10. Shares Issued 10 — Check the box to indicate an attachment ☐

This Information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	NONE	0

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	Date
MARION AVARISTA	5/9/25

Signature of Authorized Representative: Marion F Avarista

MAIL TO:
Division of Business Services
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