


**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.

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25 JUN 20 AM 11:39:11

1. Entity ID Number 38328		2. Exact name of the Corporation Hair Mates, Inc.												
3. Principal Office Address 772 Main Street			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair Salon												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Ronald L Lavoie			Vice-President Name Same											
Street Address 12 Eagle Drive			Street Address											
City Coventry	State RI	Zip 02816	City	State	Zip									
Secretary Name Same			Treasurer Name											
Street Address			Street Address Same											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Same			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			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">200</td> <td style="text-align: center;">A</td> <td style="text-align: center;">None</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	A	None			
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200	A	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 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 Ronald L Lavoie				Date 6/20/25										
Signature of Authorized Representative <i>Ronald L Lavoie</i>				FILED										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 20 2025
BY **C233T5**
FORM 630 Revised 04/2023