RI SOS Filing Number: 202576166630 Date: 6/20/2025 11:53:00 AM							
State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation Filing period: February 1 - May 1 Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Annual Report for the year:					128		
Corporation					£ Gib		
Filing period: February 1 - May 1					音器		
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				paris. paris		
38328	Hair Mates, Inc.						
3. Principal Office Address			City		State	Zip	
772 Main Street			East G	Freenwich	RI	02818	
NAICS Code S. State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Hair Salon						
7. List ALL officers (names and add	st ALL officers (names and addresses) Check the box to indicate an attachmen						
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 ad	ldresses)				the box to indic	ate 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 Issue				cate an attachment	
The state of the s		NUMBER OF S					
Changes require an additional filling.		200		A		None	
		<u> </u>					
11. This report must be executed or						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							
Konald Llawore (012(12)							
Signature of Apihorized Representative							
/ Ml	\angle :	_					
JUN 20 2025							
MAIL TO: Division of Business Services 148 W. River Street. Providence. Rhode Island 02904-2615							
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 232-3040							

Website: www.sos.ri.gov

FORM 630 Revised) 04/2023