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State of Rhode Island Department of State - Business Services Division					REC'D		
Annual Report for the year:					20		
Corporation					) RIDOS B   20 AM 11:	•	
· •					<b>₽</b>		
Filing period: February 1 - May 1					11 35 25 11		
Filing Fee: \$50.00					85 135		
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					<u> </u>		
1, Entity ID Number	2. Exact nam	e of the Corporation	ı		Ė.	ľ	
138328	Hair Ma	tes. Inc.			þ=4		
			Toise		State	Zip	
Principal Office Address			City			I .	
772 Main Street			East G	Breenwich	RI	02818	
6. Brief description of the character of business conducted in Rhode Island Hair Salon  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						
<u> </u>							
City Covertor	State RI	<sup>Zip</sup> 02816	City		State	Zip	
Coventry		02010					
Secretary Name Same			Treasurer Name				
Same							
Street Address			Street Address Same				
City	State	Zip	City		State	Zip	
]							
8. List ALL directors (names and	addresses)	<del></del>		Check	the box to indicate a	n attachment 🔲	
Director Mame	Director Na	ame	· · · · · · · · · · · · · · · · · · ·	-			
Same							
Street Address			Street Address				
			-				
City	State	Zip	City		State	Zip	
<b>1</b>			1				
Director Name		<u> </u>	Director Na	ame			
Street Address	Street Address						
out of Address							
City	State	Zip	City		State	Zip	
City .	0.2.0		Jo.,				
9. Shares Authorized		10. Shares Issi	ued	Chec	k the box to indicate a	n attachment 🖂	
This information is currently of rec	cord in the	NUMBER OF			S/SERIES	PAR VALUE	
Department of State.	,oro in the	· · · · · · · · · · · · · · · · · · ·					
		200		A	Nor	ie	
Changes require an additional filin	ig.	<del></del>	· · · · · ·				
<b>:</b>							
11. This report must be executed	on behalf of the	corporation by an a	uthorized rer	presentative. If the	corporation is in the	hands of a re-	
ceiver or trustee, this report mus-	t be executed on	behalf of the corpor	ration by the	receiver or trustee	3		
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 Llaure							
Signature of Apthorized Representative							
FILED'							
Lovary avoil							
MAIL TO: Division of Business Services  JUN 2 0 2025							
The A O T							
148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040  BY							
T Holle: (401) 222 0040							
Website: www.sos.ri.gov							