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State of Rhode Isla	nd				25 J			
Department of State - Business Services Division					SEC.			
Annual Report for the year:						<b>Z</b> O		
Corporation					) RIDOS BS 20 AM 11:35			
Filing period: February 1 - May 1					£00			
Filing Fee: \$50.00					11.00			
→ Penalty: Additional \$25.00	•••							
1. Entity ID Number 38328	•			j-nul j-nul				
3. Principal Office Address	Tian wa		City		State	Zip		
772 Main Street				reenwich	RI	02818		
4. NAICS Code 6. Brief description of the chara			er of busines	s conducted in Rho	de Island			
Hair Salon								
5. State of Incorporation	-							
RI								
7. List ALL officers (names and a	ddresses)	······································		Check th	ne box to indica	ate an attachment C		
President Name Ronald L Lav	Vice-President Name Same							
Street Address	Street Address							
12 Eagle Drive								
Coventry	State RI	<sup>Zip</sup> 02816	City State Zip					
Secretary Name Same			Treasurer Name					
Street Address	Street Address Same							
City	State	Zip	City	- Carrie	IState	Zip		
Oity	0.5.0							
8. List ALL directors (names and	addresses)		The same		ne box to indica	ate an attachment		
Director Name Same			Director Na	ame				
Street Address			Street Add	ress				
City	State	Zip	City		State Zip			
			Observa N	Director Name		<u> </u>		
Director Name			Director Na	ame				
Street Address			Street Address					
City State		Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu		Check t	he box to indic	ate an attachment		
This information is currently of re	cord in the	NUMBER OF		CLASS/S		PAR VALUE		
Department of State.		200		Α		None		
Changes require an additional filir	ng.			·····				
11. This report must be executed	on behalf of the	corporation by an a	uthorized rec	resentative. If the c	orporation 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.				
Under penalty of perjury, I dec statements, and that all staten				rt, including any ac	companying	scneaules ana		
Name of Authorized Representa		neren are are em	<u>a correct.</u>	FILED	Date	la 1= 6		
Kayall 1	LAUDIE	,			.  [n]	7119		
Signature of Authorized Represe		<u> </u>	···-	- JUN 2 9 2025	12 14 1/1	<del></del>		
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MAIL TO:	1 00004				thi			
Division of Business Services	odo leland 02004 21	R16			1150			

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.n.gov