


**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.

 REC'D RIDOS BSO  
 25 JUN 20 AM 11:35:11

1. Entity ID Number <b>38328</b>		2. Exact name of the Corporation <b>Hair Mates, Inc.</b>												
3. Principal Office Address <b>772 Main Street</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>									
4. NAICS Code <b>812112</b>		6. Brief description of the character of business conducted in Rhode Island <b>Hair Salon</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Ronald L Lavoie</b>			Vice-President Name <b>Same</b>											
Street Address <b>12 Eagle Drive</b>			Street Address											
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip									
Secretary Name <b>Same</b>			Treasurer Name											
Street Address			Street Address <b>Same</b>											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Same</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
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;"><b>200</b></td> <td style="text-align: center;"><b>A</b></td> <td style="text-align: center;"><b>None</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>A</b>	<b>None</b>			
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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. <b>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.</b>														
Name of Authorized Representative <b>Ronald L Lavoie</b>				Date <b>6/20/25</b>										
Signature of Authorized Representative <i>Ronald L Lavoie</i>				<b>FILED</b> <b>JUN 20 2025</b> <b>BY C733T 1146</b>										

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