RI SOS Filing N	umber: 20257	76173520 [Date: 6/2	0/2025 1 <u>1</u> :42:0	00 AM			
State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation Filling period: February 1 - May 1 Filling Fee: \$50.00								
Annual Report for the year:								
Corporation					G G			
Filing period: February 1 - May 1					11.DS			
Filing Fee: \$50.00								
→ Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number				:: B :: 88 :: 1				
	2. Exact name of the Corporation			just just				
38328	Hair Mate	s, inc.						
3. Principal Office Address			City		State		Zip	
772 Main Street			East G	Breenwich	RI		02818	
5. State of Incorporation	Brief description of the character of business conducted in Rhode Island Hair Salon							
	reseas)			Check t	he hoy to indi	cate an att	achment 1	
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment D Vice-President Name Same				
Ronald L Lavoie				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	idresses)		<u> </u>	Check	the box to indi	cate an att	achment 🔲	
Director Name Same				Director Name				
Street Address			Street Address					
City	State	Zip	City		State	State Zip		
Director Name			Director Name					
Street Address				Street Address				
City	State	Zip	City		State	State Zip		
9. Shares Authorized	<u> </u>	10. Shares Issue	ed ee	Check	the box to ind	licate an at	tachment	
This information is currently of reco	rd in the	NUMBER OF S	HARES	CLASS	SERIES	T .	PAR VALUE	
Department of State. Changes require an additional filing.		200		l A		None		
					J			
11. This report must be executed o ceiver or trustee, this report must be						in the hand	ds of a re-	
Under penalty of perjury, I declar						g schedule	es and	
statements, and that all stateme	nts contained he							
Name of Authorized Representative					Date	121	V25	
Signature of Authorized Representative					FILED	100	1 '' -	
Kondy	Tovol			 + + +	 	, ,	 	
MAIL TO: Division of Business Services		_		BV	M 20 ZUZ	3/1	JUL	
148 W. River Street, Providence, Rhode Island 02904-2615								

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.n.gov