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**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.

1. Entity ID Number 001779219		2. Exact name of the Corporation CASEY HARRISON HAIR, INC.			
3. Principal Office Address 91 main st			City warren	State RI	Zip 02885
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island hair salon			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Casey Harrison			Vice-President Name Casey Harrison		
Street Address 91 main st			Street Address 91 main st		
City warren	State RI	Zip 02885	City warren	State RI	Zip 02885
Secretary Name Casey Harrison			Treasurer Name Casey Harrison		
Street Address 91 main st			Street Address 90 main st		
City warren	State RI	Zip 02885	City warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Casey Harrison			Director Name		
Street Address 91 main st			Street Address		
City warren	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			0		0
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.					
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 Casey Harrison			FILED		Date 8/4/25
Signature of Authorized Representative 			AUG X 4 2025 2cgmw qmw ry		

MAIL TO:
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