



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**STAMP
 FILED**

JAN 29 2018

BY

1004

lon

1. Entity ID Number 58579		2. Exact name of the Corporation THE WIZZZZZZ SYSTEMS IN HAIR, INC.			
3. Principal Office Address 1639 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair Salon			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra L. Lonardo			Vice-President Name Sandra L. Lonardo		
Street Address 1639 Post Road			Street Address 1639 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Sandra L. Lonardo			Treasurer Name Sandra L. Lonardo		
Street Address 1639 Post Road			Street Address 1639 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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		CLASS/SERIES
			1000		Common
					PAR VALUE
					No par value
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 Sandra L. Lonardo President					Date 1/23/2018
Signature of Authorized Representative <i>Sandra Lonardo</i>					SIGN DOCUMENT HERE