RI SOS Filing Number: 201857145540 Date: 1/29/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

FILED

JAN 2 9 2018

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_	→	Filing	period:	January	1	-	March 1	1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

Penalty: Additional \$25,00 l	ee ii ioiiii is iiot i	med by April 1.		S	2V —	IOO					
1. Entity ID Number	2. Exact name	of the Corporation	n			ANI					
58579	THE WIZZZ	ZZZZZ SYST	EMS IN HAI	R, INC.							
3. Principal Office Address		 -	City		State	Zip					
1639 Post Road			Warwick		RI	02886					
	10.00.41	V		and ustad in Dhada 1-1							
4. NAICS Code	· ·	tion of the charac	ter of business o	conducted in Rhode Isl	and						
812112	Hair Salon										
5. State of Incorporation	1										
Rhode Island											
7. List ALL officers (names and ad	dresses)			Check to	he box to in	dicate an attachment					
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 02								
City Warwick	State RI	^{Zip} 02886	City Warwich	City Warwick		Zip 02886					
Secretary Name Sandra L. Lonardo	•	_1.	Treasurer Name Sandra L. Lonardo								
Street Address 1639 Post Road	<u></u>	_	Street Address 1639 Post Road								
City Warwick	State RI	^{Zip} 02886	City Warwick		State RI	^{Zip} 02886					
8. List ALL directors (names and a	ddresses)		•	Check t	he box to in	idicate an attachment 🗖					
Director Name	-		Director Name								
Street Address			Street Address								
City	State	Zip	City		State	Zip					
	1										
Director Name		<u> </u>	Director Name								
Street Address			Street Address								
	_										
City	State	Ζιρ	City		State	Zip					
9. Shares Authorized	<u> </u>	10. Shares Iss	red Check		the box to indicate an attachment						
This information is currently of reco	ord in the				CLASS/SERIES PAR VALUE						
Department of State.		1000		Common		No par value					
Changes require an additional filing	!.	 	 -								
11. This report must be executed of	on behalf of the co	progration by an	authorized repres	I sentative If the corpor	ation is in t	he hands of a receiver or					
trustee, this report must be executed to	ted on behalf of th	ne corporation by	the receiver or to	rustee.							
Under penalty of perjury, I decla	re and affirm the	at I have examin	ed this report, i	ncluding any accom	panying so	chedules and					
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date											
Sandra L. Lonardo President 1/23/2018											
Signature of Authorized Represen			CUMENT HERE	·							
/ Janoh ho	nndr.										

MAII TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov