RI SOS Filing Number: 201992075830 Date: 5/8/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Annual Report for the year:

Department of State - Business Services Division

| Corporation | | • | | | |
|--|---|---|----------------------|--------------------------------|----------------------------|
| → Filing period: January 1 - N | March 1 | | | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f | ee if form is not | filed by April 1. | | | |
| | | <u>`</u> | | | |
| 2. Exact name of the Corporation 30808 | | | | | |
| 1 00000 | _ | EARC. | SALON - | LNC. | 17 |
| 3. Principal Office Address | ess a series | | LINETH FA | Ve and State | Zip |
| 7592 POST | 120 | | NOTTH KIN | 165/0Wn 10- | 02852 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | | |
| 810110 | HAIR SALON | | | | |
| 5. State of Incorporation | 1 '' | | | | |
| RI | | | | | |
| 7 List ALL officers (names and ad President Name | | | Vice-President Name | Check the box to in | dicate an attachment |
| Revenu MAnzi-Greco | | | Vice-r lesident Name | | |
| Bevenly MANZI -Greco Street Address 7592 POST RO Unit A City North Kingstom RT 02852 | | | Street Address | | |
| 1392 1011 | State | VINIT A | City | State | Zıp |
| North Kingstow | RT | 02852 | City | State | [2.19 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address (7) | | |
| | | | 919 00 | | |
| City | State | Zip | City | State | R RET RPC |
| 8. List ALL directors (names and a | ddresses) | | <u> </u> | Check the box to in | idicate an attachment |
| Director Name | | | Director Name | | 8 440 |
| Street Address | | | Street Address | | |
| Street Address | | | Sireet Address | | |
| City | State | Zip | City | State | 29 V ≥ 1 |
| Director Name | | | Director Name | | [2] (F) |
| | | | | | |
| Street Address | | | Street Address | | |
| City | State | Zıp | City | State | Zip |
| · | | | <u> </u> | | · |
| 9. Shares Authorized 10. Shares Issue This information is currently of record in the | | | | | |
| Department of State. | | | | 0.5100.01.111.0 | 7 |
| Changes require an additional filing. | | 100 | | | |
| | | | | | |
| 11. This report must be executed | | | | e. If the corporation is in th | ne hands of a receiver or |
| trustee this report must be execu- Under penalty of perjury, I declar | | | | ng any accompanying sc | :hedules and |
| statements, and that all stateme | ents contained h | | • • | | |
| Name of Authorized Representative | | _ | Date | _ | |
| Beler | (y M) | mz, - G | 120 | | -3-19 |
| Signature of Authorized Represent | Hatiye | SIGNITION | OWENT HERFILE | :n | |
| | | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | FILE | יסי | |
| MAIL TO: | 5/1 | ν | , , , , o | 2010 | |
| Division of Business Services 148 W. River Street, Providence, Rhod | le Island 02014-261 | 5 | MAY 0 8 | 116 | |
| Phone: (401) 222-3040 | | | | | |
| Website: www.sos.ri.gov | | | BY | 1 | ORM 630 - Revised: 02/2017 |
| | | | H | 77 | |