



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

**FILED**

KM

Annual Report for the year: 2020  
 Corporation

JAN 23 2020

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

BY 4782

1. Entity ID Number <input checked="" type="checkbox"/>		2. Exact name of the Corporation <input checked="" type="checkbox"/>			
000136808		L'PEARL SALON INC.			
3. Principal Office Address <input checked="" type="checkbox"/>			City	State	Zip
7592 POST Rd.			North Kingstown	RI	02852
4. NAICS Code <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island <input checked="" type="checkbox"/>			
812112		Beauty SALON			
5. State of Incorporation <input checked="" type="checkbox"/>					
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/>					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Beverly Manzi - Greco			Same		
Street Address			Street Address		
7592 Post Rd			NONE		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Secretary Name			Treasurer Name		
Same			Same		
Street Address			Street Address		
NONE			NONE		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/>					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Same			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <input checked="" type="checkbox"/>		10. Shares Issued <input checked="" type="checkbox"/>		Check the box to indicate an attachment <input type="checkbox"/>	
100%		<del>100</del>			
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		100		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. <input checked="" type="checkbox"/>					
Name of Authorized Representative				Date	
Beverly Manzi - Greco				1-25-2020	
Signature of Authorized Representative				SIGN DOCUMENT HERE	