



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

Stamp
 MAR 14 2022

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

9 - 149 DS

1. Entity ID Number 128940		2. Exact name of the Corporation ALAYNE WHITE SPA & BODY BOUTIQUE, INC.			
3. Principal Office Address 11 Constitution Street		City Bristol		State RI	Zip 02809-0000
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island provide professional spa treatments			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Alayne K. White			Vice-President Name Alayne K. White		
Street Address 11 Constitution Street			Street Address 11 Constitution Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809-
Secretary Name Alayne K. White			Treasurer Name Alayne K. White		
Street Address 11 Constitution Street			Street Address 11 Constitution Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Alayne K. White			Director Name none		
Street Address 11 Constitution Street			Street Address none		
City Bristol	State RI	Zip 02809	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		800		Common	No Par
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 Alayne K. White				Date 1/04/2022	
Signature of Authorized Representative 				President	

MAIL TO:
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 Website: www.sos.ri.gov