



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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

FILED
MAR 15 2022
 BY *[Signature]*

1. Entity ID Number 1719667		2. Exact name of the Corporation Stephanie's Honeycombs Hair Salon, Inc.			
3. Principal Office Address 995 Pontiac Avenue, Unit D		City Cranston		State RI	Zip 02920
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 Stephanie Douglas			Vice-President Name Stephanie Douglas		
Street Address 22 Alden Drive			Street Address SAME		
City Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Stephanie Douglas			Treasurer Name Stephanie Douglas		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
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	PAR VALUE
		1,000		COMMON	\$0.01
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 STEPHANIE DOUGLAS					Date 2/21/22
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov