



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 24 2024

BY *logy*

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Annual Report for the year: 2024
Corporation _____

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

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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 1/04/2024	
Signature of Authorized Representative <i>Alayne K. White</i>				<i>1/14/24</i>	

MAIL TO:
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