RI SOS Filing Number: 202447127720 Date: 2/22/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED	
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FEB 3 2 2024 BY 1825	>_

Annual Report for the year:	
Corporation	2024

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is r	ot filed by May 31.
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Penalty: Additional \$25,00 fe	ee if form is not fil	ed by May 31.						
1. Entity ID Number	2. Exact name of the Corporation							
56955	Don's Barber STylists Ltd							
3. Principal Office Address				City			Zip	
31 Manville Ad.			L	socket	R.1		02895	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
812111	Hair C	Cutting						
5. State of Incorporation	1							
R.I.				,				
7. List ALL officers (names and add	resses)			Check the box	to indic	ate an atta	chment 🗆	
President Name			Vice-President Name					
Donald Lee Coarnoy Street Address	<u>er</u>		∕Debra A. McCutcheon					
58 Franklin St.			Street Addr	ress 4 Diamond HIll	Вd			
City	State	Zip	City	- Diamond Hill	State	-	Žip	
Woonsocket	R.I.	02895	1 - 1	nsocket	R.I.		02895	
Secretary Name			Treasurer N	Name	•			
Donald L. Cournoye	er	<u></u>	←——	<u>na L. Armstrong</u>]			
Street Address			Street Addr					
2542 Diamond Hill City	Rd. IState	Zip	565 Citv	<u>Joslin Rd.</u>	16. 1			
Woonsocket	A.I.	02895	/	risville	State R.I	•	Zip 0283 9	
8. List ALL directors (names and ad				Check the box	_	_		
Director Name		-	Director Na		10 111011	vato an atto	icimiciic 🔲	
<u> Nonald Lee Cournoy</u>	er		Debr	ra A. McCutched	<u> </u>			
Street Address			Street Addr					
<u>58 Franklin St.</u> City	State	Zip	25 14 City	Diamond Hill				
Woonsocket	R.I.	02895	1 1	nsocket	State R.I		Zip 02895	
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Na	ime	L			
Donald L. Cournoye	ir		Donr	na L. Armstrono	1			
Street Address			Street Address					
2542 Diamond Hill City				Joslin Rd.				
Woonsocket	State R.I.	Zip 0289 5	City Hann	risville	State R.I	•	Zip 02830	
9. Shares Authorized		10. Shares Issued		Check the box	to indi	cate an att	achment 🔲	
This information is currently of record Department of State.	d in the	NUMBER OF SH	ARES	CLASS/SERIES			PAR VALUE	
·		400		Common		No Par	,	
Changes require an additional filing.				-		<u></u>		
11. This report must be executed or	hahalf of the see							
 This report must be executed or ceiver or trustee, this report must be 	i bellali bi the corp e executed on beb	oration by an autraliant of the corneration	norized rep on by the r	resentative. If the corpora	ition is i	n the hand	s of a re-	
Under penalty of perjury, I declar	e and affirm that	I have examined	this report	t. including any accomp	anvino	schedule	sand	
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					Date			
Donald Lee Cournoyer					2-7-2024			
Signature of Authorized Representative								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov