



State of Rhode Island
Department of State - Business Services Division

FILED
FEB 22 2024
BY *[Signature]* 53

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 56955		2. Exact name of the Corporation Don's Barber STYlists Ltd			
3. Principal Office Address 31 Manville Rd.			City Woonsocket	State R.I.	Zip 02895
4. NAICS Code 812111		6. Brief description of the character of business conducted in Rhode Island Hair Cutting			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Donald Lee Cournoyer			Vice-President Name Debra A. McCutcheon		
Street Address 58 Franklin St.			Street Address 2514 Diamond Hill Rd.		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
Secretary Name Donald L. Cournoyer			Treasurer Name Donna L. Armstrong		
Street Address 2542 Diamond Hill Rd.			Street Address 565 Joslin Rd.		
City Woonsocket	State R.I.	Zip 02895	City Harrisville	State R.I.	Zip 02830
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Donald Lee Cournoyer			Director Name Debra A. McCutcheon		
Street Address 58 Franklin St.			Street Address 2514 Diamond Hill Rd.		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
Director Name Donald L. Cournoyer			Director Name Donna L. Armstrong		
Street Address 2542 Diamond Hill Rd.			Street Address 565 Joslin Rd.		
City Woonsocket	State R.I.	Zip 02895	City Harrisville	State R.I.	Zip 02830
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
		400		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 Donald Lee Cournoyer				Date 2-7-2024	
Signature of Authorized Representative <i>[Signature]</i>					

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