



State of Rhode Island
Department of State - Business Services Division

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.

MAY 21 2024

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1. Entity ID Number B4829		2. Exact name of the Corporation SALON SANTE, INC.			
3. Principal Office Address 63 BOON ST			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island HAIR STYLING AND NAIL TECH			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KERI BUCKLEY			Vice-President Name GERALD CASTELLUCCI JR.		
Street Address 90 DOVER LANE			Street Address 63 BOON ST		
City RICHMOND	State RI	Zip 02812	City NARRAGANSETT	State RI	Zip 02882
Secretary Name JOSEPH DEANGELIS			Treasurer Name ANGELA R. CASTELLUCCI		
Street Address ONE CITIZENS PLAZA 8TH FLOOR			Street Address 63 BOON ST		
City PROVIDENCE	State RI	Zip 02903	City NARRAGANSETT	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KERI BUCKLEY			Director Name GERALD CASTELLUCCI		
Street Address 90 DOVER LANE			Street Address 63 BOON ST		
City RICHMOND	State RI	Zip 02812	City NARRAGANSETT	State RI	Zip 02882
Director Name ANGELA R. CASTELLUCCI			Director Name JOSEPH DEANGELIS		
Street Address 63 BOON ST			Street Address ONE CITIZENS PLAZA 8TH FLOOR		
City NARRAGANSETT	State RI	Zip 02882	City PROVIDENCE	State RI	Zip 02903
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/STRIKES	PAR VALUE
		200		CNP	\$0.00
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 GERALD CASTELLUCCI JR.					Date MAY 18, 2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov