RI SOS Filing Number: 200701212120 Date: 10/11/2007 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86209

2. Name of Corporation French Twist, Inc.

3. Street Address Principal Business Office Summit East - Suite 330 Centerville Road
City Warwick *State* RI *Zip* 02886

4. Business Phone No. (401) 886-4666

5. State of Incorporation RHODE ISLAND

6. SIC Code 4317

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN INTERIOR DECORATING AND SALE OF HOME ACCESSORIES AND HOUSEHOLD DESIGNS

8. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Donna Morris
Street Address One Brookfield Court
City East Greenwich *State* RI *Zip* 02818

Vice President Name Brian Morris
Street Address One Brookfield Court
City East Greenwich *State* RI *Zip* 02818

Secretary Name Brian Morris
Street Address same
City *State* *Zip*

Treasurer Name Donna Morris
Street Address same
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Donna Morris
Street Address same
City *State* *Zip*

Director Name Brian Morris
Street Address same
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	NO PAR VALUE	

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	NO PAR

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 8 6 2 0 9

[redacted]

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.

10-9-07
Signature of Officer *Date*

Donna Morris
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 (7-01)

File Date FILED
Check No. OCT 11 2007 #039981
By By
FOR SECRETARY OF STATE USE ONLY

14532-1-186431