



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 73815		2. Name of Corporation Robertta's Hair Salon Inc.	
3. Street Address Principal Business Office 1150 Mendon Rd		City Cumb.	State RI
4. Business Phone No. 401-334-5747		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island TO Perform all forms of Cosmotology			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robertta J. Loureiro		Vice President Name Manuel Loureiro JR.	
Street Address 10 Aurora Drive		Street Address 10 Aurora Drive	
City Cumb	State RI	Zip 02864	City Cumb
Secretary Name Robertta J. Loureiro		Treasurer Name Manuel Loureiro JR.	
Street Address 10 Aurora Drive		Street Address 10 Aurora Drive	
City Cumb.	State RI	Zip 02864	City Cumb
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Robertta J. Loureiro		Director Name Manuel Loureiro JR.	
Street Address 10 Aurora Drive		Street Address 10 Aurora Drive	
City Cumb	State RI	Zip 02864	City Cumb
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
100	NO PAR VALUE		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
100	shares	no par value	\$.00
	none		

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.

FILED

File Date FEB 27 2008
Check No. By 502
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Robertta J. Loureiro 2/25/08
Signature Date
Robertta J. Loureiro
Print or Type Name
President
Title