



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