



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

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

2008

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR [REDACTED]

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. 98986		2. Name of Corporation ELECTROLYSIS- PHR, INC.			
3. Street Address Principal Business Office P.O. BOX 1839			City E. GREENWICH	State RI	Zip 02818
4. Business Phone No. 946-8568 / 965-8772		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF ELECTROLYSIS ; RESALE OF RELATED PRODUCTS AND ANY OTHER LAWFUL BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ELIZABETH CARDI TALWAR			Vice President Name NISHA CARDI TALWAR		
Street Address P.O. BOX 1839			Street Address P.O. 1839		
City E. GREENWICH	State RI	Zip 02818	City E. GREENWICH	State RI	Zip 02818
Secretary Name ELIZABETH CARDI TALWAR			Treasurer Name ELIZABETH CARDI TALWAR		
Street Address P.O. Box 1839			Street Address P.O. Box 1839		
City E. GREENWICH	State RI	Zip 02818	City E. GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 1,000	Class/Series NO PAR VALUE	Par Value	Number of Shares NONE	Class/Series	Par Value

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 **MAR 03 2008**

Check No. **By 3744 KM**

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.

Elizabeth Cardi Talwar 2/28/08
Signature Date
ELIZABETH CARDI TALWAR 2/28/08
Print or Type Name
PRESIDENT
Title