



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. <b>114660</b>		2. Name of Corporation <b>Lynette's Complete Hair Care, Inc.</b>	
3. Street Address Principal Business Office <b>7671 Post Road</b>		City <b>North Kingstown</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 295-1408</b>		5. State of Incorporation <b>Rhode Island</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Complete family hair care</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Lynette Toolan</b>		Vice President Name <b>John B. Toolan</b>	
Street Address <b>46 Channing Road</b>		Street Address <b>46 Channing Road</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Secretary Name		Treasurer Name	
Street Address <b>Lynette Toolan</b>		Street Address <b>John B. Toolan</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	
<b>100 \$10 Par Value</b>		<b>50</b>	<b>Common</b>
			<b>No par</b>

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.

File Date	<b>FILED</b>
Check No.	<b>MAR 25 2008</b>
By:	<b>2592 MNC</b>
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.

Signature **Lynette Toolan** Date **1/15/08**  
Print or Type Name **Lynette Toolan** Date **1/15/08**  
Title **President**