

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 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

[But L. 7-1.2-1501(e), d) is subject to a benefity for a \$55.00

Lynette's Complete Hair Care, Inc.   State   Zip   7671 Post Road   State   Zip   North Kingstown   RI   0285;   Remest From No.   1. State   Zip   North Kingstown   RI   0285;   Remest From No.   1. State   Richard   Richar			
7. Rost Road  1. Road  1. Rost Road  1. Road			
### Address   State of Incorporation   ### Address   Annual   ### Address   Annual   ### Address   Annual   ### Address   Annual   ### Address   #### Address   ### Addres			
Complete family hair care NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT President Name Lynette Toolan  Street Address  46 Channing Road  Abreed Address  Analysagansett RI  O2882  Nalragansett RI  O2882  Narragansett RI  O2882  OBrector Name   Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  OBrector Name  Director Name  Director Name  OBrector Name  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  OBrector Name  Director Name	ents		
Complete family hair care  NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT  Vice President Name  Lynette Toolan  John B. Toolan  Street Address  46 Channing Road  A6 Channing Road  A7 Chy State  Lynette Toolan  Natragansett BI 02882 Natragansett BI 02882  Lynette Toolan  John B. Toolan  State 20  Natragansett BI 02882 Natragansett BI 02882  Narragansett RI 02882 Narragansett RI 02882  Narragansett RI 02882	ENTS		
To Name Sand address of the officers: ("X" BOX FOR ATTACHMENT]   FILL IN SPACES BEFORE USING ATTACHMENT   President Name	ENTS		
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Sured Address  Lynette Toolan  John B. Toolan  John B. Toolan  City  Narragansett  RI  02882  Narragansett  RI  02882  Narragansett  RI  02882  Narragansett  RI  02882  Sincet Address  Director Name  Director Name  City  State  Zip  City  Mate  Zip  Director Name			
Lynette Toolan  City Narragansett RI O2882 NARES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT)   Director Name  Street Address	10.28.82		
Lynette Toolan  Thy State Zap Chy Narragansett RI 02882 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT Director Name  Street Address  Street Address  Street Address  Director Name  Director Name  Director Name  Over Address  State Zap City State Zap  Over Address  Street Address  Street Address  Over Address  Street Address  Street Address  Over Address  Over Address  Street Address  Over Address			
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver			
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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

Check No. MAR 25 2008

By: 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

Signature

Print of Type Name

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