



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 2009

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 112797		2. Name of Corporation Dennis Marcel Salon Inc			
3. Street Address Principal Business Office 604 Dyer Ave			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-946-4247		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE BEAUTY SALON SERVICES TO PATRONS WHICH INCLUDE, BUT IS NOT LIMITED TO, HAIR CARE, SKIN & NAIL CARE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENNIS HAMEL			Vice President Name DENNIS HAMEL		
Street Address 604 DYER AVE			Street Address 604 DYER AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name DENNIS HAMEL			Treasurer Name DENNIS HAMEL		
Street Address 604 DYER AVE			Street Address 604 DYER AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DENNIS HAMEL			Director Name		
Street Address 604 DYER AVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 20	Class/Series COMMON	Par Value 0

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	FILED
Check No.	JAN 26 2009
By:	By 5143
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: Dennis Hamel Date: 1/22/09

Print or Type Name: DENNIS HAMEL

Title: PRESIDENT