



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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 99546		2. Name of Corporation NATALIE'S BEAUTY STUDIO, INC.			
3. Street Address Principal Business Office 91 WATERMAN AVE.			City E. PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 401-434-8383		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island BEAUTY STUDIO					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NATALIE MONIZ			Vice President Name ALFREDO MONIZ		
Street Address 91 WATERMAN AVE.			Street Address 91 WATERMAN AVE		
City E. PROVIDENCE	State RI	Zip 02914	City E. PROVIDENCE	State RI	Zip 02914
Secretary Name ALFREDO MONIZ			Treasurer Name NATALIE MONIZ		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NATALIE MONIZ			Director Name ALFREDO MONIZ		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 8,000 \$.01 PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.			Number of Shares	Class Series	Par Value
			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.

File Date 1-27-09
Check No. 4114
By: MME
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 Natalie Moniz Date 01/23/09
NATALIE MONIZ
Print or Type Name
PRESIDENT
Title