



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. 120860		2. Name of Corporation Shear Reflections Ltd.			
3. Street Address Principal Business Office 1650 Nooseneck Hill Rd.		City Coventry	State RI	Zip 02816	
4. Business Phone No. (401) 828-2828		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Hair Salon					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jennifer Tuchon			Vice President Name Kristine Gillespie		
Street Address 40 Twin Brook Ln.			Street Address 9 Hillside Ave.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Jennifer Tuchon			Treasurer Name Kristine Gillespie		
Street Address 40 Twin Brook Ln.			Street Address 9 Hillside Ave.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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			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	Class/Series	Par Value
			none	none	none
			none	none	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.

FILED

File Date FEB 02 2009  
Check No. By DS 12:42 PM FEB-2 2009  
By: 09059  
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.

Jennifer Tuchon 1-25-09  
Signature Date  
Jennifer Tuchon  
Print or Type Name  
President  
Title