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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.	2. Name of Corporation			
113649	MOSS SALON, INC.			
3. Street Address Principal Business Office		City	State	Zip
114 NORTH MAIN STREET		PROVIDENCE	RI	02903
4. Business Phone No.	5. State of Incorporation			
401-751-8877	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A BEAUTY AND HAIR SALON

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
JENNIFER WEAGLE	5 NORTH WATER STREET	OXFORD	MA	01540
Vice President Name	**Street Address**	**City**	**State**	**Zip**
MICHAEL FALLONE	33 BROOKMAN ROAD	NORTH PROVIDENCE	RI	02904
Secretary Name	**Street Address**	**City**	**State**	**Zip**
JODY BUTLER	550 HIGH STREET	ASHAWAY	RI	02804
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
TAMMY TOURTELOTT	130 WESCOTT ROAD	SCITUATE	RI	02857

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
JENNIFER WEAGLE				
Director Name	**Street Address**	**City**	**State**	**Zip**
MICHAEL FALLONE				
Director Name	**Street Address**	**City**	**State**	**Zip**
JODY BUTLER				
Director Name	**Street Address**	**City**	**State**	**Zip**
TAMMY TOURTELOTT				

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	.01

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.

[redacted]

FILED

File Date FEB 17 2009

Check No. By 1939

By:

FOR SECRETARY OF STATE USE ONLY
31237-36-347075

[redacted]

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 A. Dore-Weagle 2/11/09
Signature *Date*

Jennifer A. Dore-Weagle
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08