



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) 222-3030

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. 71363		2. Name of Corporation Corsini Family Hairstyling, Inc.			
3. Street Address Principal Business Office 1720 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a hair salon and all things incidental thereto.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Eugene A. Corsini, Jr.			Vice President Name Beverly A. Corsini		
Street Address 345 Douglas Pike RFD 1			Street Address 345 Douglas Pike RFD 1		
City North Smithfield	State RI	Zip 02895	City North Smithfield	State RI	Zip 02895
Secretary Name Same as President			Treasurer Name Same as Vice-President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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) ☐		
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 1000	Class Series	Par Value No

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.

Date	FILED
Check No.	FEB 18 2009
By	1806
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 Eugene A. Corsini, Jr. Date 2/17/09
Print or Type Name
Eugene A. Corsini, Jr.
Title
President