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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			
87455	MABEL'S HAIR FASHIONS, LTD			
3. Street Address Principal Business Office		City	State	Zip
33 RIVER STREET		HARRISVILLE	RHODE ISLAND	02830
4. Business Phone No.	5. State of Incorporation			
401 568-2270	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
HAIR CUTTING AND HAIR STYLING

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

President Name			Vice President Name		
SAMDRA E CARTER			SAMDRA E CARTER		
Street Address			Street Address		
164 LAUREL RIDGE AVENUE			164 LAUREL RIDGE AVENUE		
City	State	Zip	City	State	Zip
PASCOAG	RI	02859	PASCOAG	RI	02859
Secretary Name			Treasurer Name		
SAMDRA E CARTER			SAMDRA E CARTER		
Street Address			Street Address		
164 LAUREL RIDGE AVENUE			164 LAUREL RIDGE AVENUE		
City	State	Zip	City	State	Zip
PASCOAG	RI	02859	PASCOAG	RI	02859

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

Director Name			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 500

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	Class/Series	Par Value
500	Common	NPV

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.

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.

Sandra Carter 3-2-09
Signature *Date*

SANDRA E CARTER 2/26/09
Print or Type Name

PRESIDENT
Title

FILED
File Date MAR 03 2009
Check No.
By: By 622694

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Form 630 Rev. 08/08