



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, 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. 155445		2. Name of Corporation SPA MOSIAC, INC.			
3. Street Address Principal Business Office 3033 Tower Hill Road, Building 1, Unit 2			City South Kingstown	State RI	Zip 02879
4. Business Phone No. 792-3030		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island hair salon and spa					
President Name Suzanne Reed			Vice President Name Suzanne Reed		
Street Address 20 Read Avenue			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Suzanne Reed			Treasurer Name Suzanne Reed		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
<b>ISSUED SHARES — THIS SECTION MUST BE COMPLETED</b>					
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 100	Class/Series Common	Par Value \$.01
			<b>THIS SECTION MUST BE COMPLETED</b>		

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**

**MAR 11 2009**

By *mic*  
Cl# 1246

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 *Suzanne Reed* Date *3/6/09*

Suzanne Reed

Print or Type Name

President

Title