RI SOS Filing Number: 200944151350 Date: 03/23/2009 4:00 PM

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			
80801	PERFECT IMAGE BEAUTY STUDIO, INC.			
3. Street Address Principal Business Office		City	State	Zip
515 WARREN AVENUE		EAST PROVIDENCE	RI	02914
4. Business Phone No.	5. State of Incorporation			
4014382045	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ESTABLISH, MAINTAIN, AND OPERATE A BEAUTY AND HAIRDRESSING SALON

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

President Name			Vice President Name		
MARIA DaSILVA			None		
Street Address			Street Address		
50 WESTWOOD AVENUE					
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02916			
Secretary Name			Treasurer Name		
MARIA DaSILVA			MARIA DaSILVA		
Street Address			Street Address		
50 WESTWOOD AVENUE			50 WESTWOOD AVENUE		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02916	EAST PROVIDENCE	RI	02916

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

Director Name			Director Name		
MARIA DaSILVA			None		
Street Address			Street Address		
50 WESTWOOD AVENUE					
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02916			
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
200	Common	No Par Value

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] [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.

Signature *Date* 2/19/09

MARIA DaSILVA
Print or Type Name

[redacted] PRESIDENT
Title

File Date 3-23-09
Check No. 1069
By: MMC

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Form 630 Rev. 08/08