

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 4

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).

subject to a penalty fee of \$2	25.00.	voration jailing in rejusing to file its	annual report within thirty (30) a	lays after the time prescribed by	law (R.I.G.L. 7-1.2-1501(c&d)) is		
1. Corporate ID No. 80594		2. Name of Corporation 43 East Realty Corporation					
3. Street Address Principal Business Office 43 East St			City Providence	State RI	Zip 02906		
401-274-1010 RI			32000				
6. Brief Description of the Co Hair and Beauty Salo	haracter of Business Condi On	ucted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Dianne Balasco			TACHMENT) FILL IN Vice President Name Leonard Balasco	Vice President Name			
Street Address 43 East Street			Street Address 43 East Street	•			
Providence	State RI	^{Zip} 02906	City Providence	State RI	<i>Zip</i> 02906		
Secretary Name Leonard Balasco			Treasurer Name Dianne Balasco				
Street Address 43 East Street			Street Address 43 East Street	•			
City Providence	State RI	^{Ζψ} 02906	City Providence	State RI	^{Zip} 02906		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Dianne Balasco Street Address 43 East Street			Director Name Leonard Balasco	ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
			Street Address 43 East Street		7		
City Providence Director Name	State RI	Ζφ 02906	City Providence Director Name	State RI	7項, 029 06		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZ	CED		10. SHARES ISSUED ISSUED SHARES — THIS SE	CION MUST BE COMPLETE	HMENT)		
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.				Class/Series	Par Value		
			1000	CNP	\$0.00		
			THIS SEC	TION MUST BE C	Wy 55.5		
This report must be exe this report must be exe	ecuted on behalf of the	ne corporation by an author	ized representative. If the c	corporation is in the hand	ds of a receiver or trustee,		

Thus the "			
File Date	FILE		
			enter.
Check No.	VR 8 0 2		T 3
	1//	117	T 4 275
B)		URI	4
	4 H		
	R SECRETARY	OFSIALEUS	BONLY

Onder penalty of perjury, I	declare and affirm that I have	examine	ed this repor	rt.
including any accompanyi	ng schedules and statements, a	nd that a	ıll statemen	ts
conta ined herein are true a	nd correct.			
(N) (anno	EBalanco	31	47/1	19
Signature	Date			7
Dianne Balasco		-	/	
Print or Type Name				_

President

Title