



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. 80594		2. Name of Corporation 43 East Realty Corporation			
3. Street Address Principal Business Office 43 East St		City Providence		State RI	Zip 02906
4. Business Phone No. 401-274-1010		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Hair and Beauty Salon					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dianne Balasco			Vice President Name Leonard Balasco		
Street Address 43 East Street			Street Address 43 East Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Leonard Balasco			Treasurer Name Dianne Balasco		
Street Address 43 East Street			Street Address 43 East Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dianne Balasco			Director Name Leonard Balasco		
Street Address 43 East Street			Street Address 43 East Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 1000		Class/Series CNP	Par Value \$0.00
		THIS SECTION MUST BE COMPLETED			

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
File Date
MAR 30 2009
Check No.
By: [Signature]
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.

Dianne E Balasco 3/27/09
Signature Date

Dianne Balasco

Print or Type Name

President

Title