



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(c), 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. 000094472		2. Name of Corporation Angel Hair, Inc.			
3. Street Address Principal Business Office 108 Waterman Avenue, Unit 312		City North Providence		State RI	Zip 02911
4. Business Phone No. 401-465-7603		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ANY AND ALL ASPECTS OF THE HAIR SALON BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary A. McMullen			Vice President Name Vacant		
Street Address 108 Waterman Street, Unit 312			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name Mary A. McMullen			Treasurer Name Mary A. McMullen		
Street Address 108 Waterman Street, Unit 312			Street Address 108 Waterman Street, Unit 312		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mary A. McMullen			Director Name		
Street Address 108 Waterman Street, Unit 312			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 100	Class/Series Common	Per Value No Par

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

MAY 08 2009

File Date

By

Check No.

By:

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.

Signature: Mary A. McMullen Date: 4/29/09

Mary A. McMullen

Print or Type Name

President

Title