



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. 62301		2. Name of Corporation SPECIALLY FOR U, INC.		
3. Street Address Principal Business Office 64 PUTNAM PIKE		City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-232-3058		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island HAIRSTYLING OPERATIONS OF EVERY KIND				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name LISA ARMSTRONG		Vice President Name DAVID ARMSTRONG		
Street Address NINE CARL AVENUE		Street Address NINE CARL AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI
Secretary Name LUCILLE BELLEMORE		Treasurer Name LISA ARMSTRONG		
Street Address 10 GRAY STREET		Street Address NINE CARL AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name LISA ARMSTRONG		Director Name LUCILLE BELLEMORE		
Street Address NINE CARL AVENUE		Street Address 10 GRAY STREET		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI
Director Name DAVID ARMSTRONG		Director Name		
Street Address NINE CARL AVENUE		Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000	COMM	NO PAR VALUE	100	COMM
				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.

File Date **FILED**  
Check No. **MAY 27 2009**  
By: **9/56**  
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: **Lisa A. Armstrong** Date: **5/27/09**  
Print or Type Name: **Lisa A. Armstrong**  
Title: **President**