



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 2001

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. 000100806		2. Name of Corporation Providence Place Salon, Inc.			
3. Street Address Principal Business Office 159 Cambridge Street			City Allston	State MA	Zip 02134
4. Business Phone No. 617-254-1004		5. State of Incorporation Rhode Island			
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 Nino Micozzi			Vice President Name None		
Street Address 159 Cambridge Street			Street Address		
City Allston	State MA	Zip 02134	City	State	Zip
Secretary Name Nino Micozzi			Treasurer Name Luigi DePalma		
Street Address 159 Cambridge Street			Street Address 159 Cambridge Street		
City Allston	State MA	Zip 02134	City Allston	State MA	Zip 02134
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nino Micozzi			Director Name Luigi DePalma		
Street Address 159 Cambridge Street			Street Address 159 Cambridge Street		
City Allston	State MA	Zip 02134	City Allston	State MA	Zip 02134
Director Name Cesidio P. Tiberi			Director Name		
Street Address 159 Cambridge Street			Street Address		
City Allston	State MA	Zip 02134	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 <u>MUST</u> BE COMPLETED		
			Number of Shares 500	Class/Series common	Par Value 0.00

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 JUN 17 2009 BY [Signature] FOR SECRETARY OF STATE USE ONLY
Check No.	
By:	

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: Nino Micozzi Date: 6/16/09
Print or Type Name: Nino Micozzi
Title: President