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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.	2. Name of Corporation
406836	Moretti Salon, Ltd.

3. Street Address Principal Business Office	City	State	Zip
466 Atwodd Avenue	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
(401) 275-6410	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Hair Salon and Day Spa

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Tamra C. Moretti-Bitar	Tamra C. Moretti-Bitar
Street Address: 200 Cannon Street, Unit 152	Street Address: 200 Cannon Street, Unit 152
City: Cranston; State: RI; Zip: 02920	City: Cranston; State: RI; Zip: 02920
Secretary Name	**Treasurer Name**
Tamra C. Moretti-Bitar	Tamra C. Moretti-Bitar
Street Address: 200 Cannon Street, Unit 152	Street Address: 200 Cannon Street, Unit 152
City: Cranston; State: RI; Zip: 02920	City: Cranston; State: RI; Zip: 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Tamra C. Moretti-Bitar	
Street Address: 200 Cannon Street, Unit 152	Street Address:
City: Cranston; State: RI; Zip: 02920	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)* ☐
100	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	Class/Series	Par Value
100	Common	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.

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 — Date: 8/31/09

Tamra C. Moretti-Bitar
Print or Type Name

President
Title

FILED
File Date SEP 14 2009
Check No.
By By

38136-12-412748 RY OF STATE USE ONLY

Form 630 Rev. 08/08