



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 02904-2611
(401) 222-3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

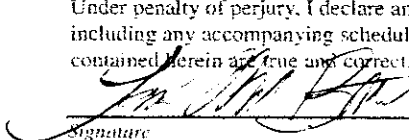
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(1)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 406836		2. Name of Corporation Moretti Salon, Ltd.			
3. Street Address Principal Business Office 466 Atwodd Avenue		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401) 275-6410		5. State of Incorporation 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 Tamra C. Moretti-Bitar		Vice President Name 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 Tamra C. Moretti-Bitar		Treasurer Name 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 Tamra C. Moretti-Bitar		Director Name			
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 100		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	Par 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.

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.

 **8/31/09**
Signature Date

Tamra C. Moretti-Bitar

Print or Type Name

President

Title

FILED	
File Date	SEP 14 2009
Check No.	
By	By 1417
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