



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 2010

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. <u>85517</u>		2. Name of Corporation <u>CHRISSEY'S HAIR SALON INC.</u>			
3. Street Address Principal Business Office <u>1330 MINERAL SPRING AVE</u>		City <u>N. Providence</u>		State <u>RI</u>	Zip <u>02904</u>
4. Business Phone No. <u>401-726-7075</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>BEAUTY SALON TO INCLUDE HAIR, NAILS + SKIN CARE</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>CHRISTINE GONSALVES</u>			Vice President Name <u>SAME</u>		
Street Address <u>1330 MINERAL SPRING AVE</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>CHRISTINE GONSALVES</u>			Director Name		
Street Address <u>1330 MINERAL SPRING AVE</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	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 <u>100</u>	Class/Series <u>Common</u>	Par Value <u>NO PAR</u>

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

CHRISTINE GONSALVES

Print or Type Name

President

Title

File Date	FILED
Check No.	DEC 22 2009
By:	<u>8021</u>
FOR SECRETARY OF STATE USE ONLY	