

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.L. law (R.I.G.L. 7-1.2-1501(c			ing to file its annual report u	oltbin thirty (30) days afte	r the time prescribed by
1. Corporate ID No. 13997	2. Name of Corpor LUCIANOS	HAIR DESIGN, INC.			
3. Street Address Principal Business Office 91 Point Judith Road			City Narragansett	State RI	<i>гър</i> 02882
4. Business Phone No. 5. State of Incorporation 401-783-4883 Rhode Island					
6. Brief Description of the Cha Cosmetology	aracter of Business Conducte	d in Rhode Island			
7. NAMES AND ADDR.  President Name	ESSES OF THE OFFIC	ERS: ("X" BOX FOR ATT	ACHMENT) TILL IN S.  Vice President Name	PACES BEFORE USING .	ATTACHMENTS
Carol M. Luciano			None		
Street Address 76 Pitch Pine Place			Street Address		
City Wakefield	State RI	<i>Ζφ</i> 02879	City	State	Zip
Secretary Name Carol M. Luciano			Treasurer Name Carol M. Luciano		
Street Address 76 Pitch Pine Place			Street Address 76 Pitch Pine Place		
City Wakefield	State RI	<sup>2tp</sup> 02879	Gity Wakefield	State RI	<sup>Zip</sup> 02879
Director Name None	ESSES OF THE DIREC	CTORS: ("X" BOX FOR A	TTACHMENT)  FILL IN Director Name	SPACES BEFORE USING	G ATTACHMENTS
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
Director Name	••••••		Director Name	•••••••	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES	LED ("X" BOX FOR A	ATTACHMENT)		("X" BOX FOR ATTACE CTION MUST BE COMPLETED	<del></del>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	Common	\$1.00 Par Value	100	Common	\$1.00
		14.1	*		
This report must be exthis report must be exe	ecuted on behalf of the	e corporation by an author- corporation by the receive	ized representative. If the cer or trustee.	orporation is in the hand	s of a receiver or trustee,
File Date FILE	)		including any acco		that I have examined this repo atements, and that all statemen
Check No AN 1 3 2	010		Carol M. Li	iciano	

FOR SECRETARY OF STATE USE ONLY

including any accompanying schedules and	d statements, and that all statements
contained herein are true and correct.	1 11
Cital III Income	1/5/10
Signature	Date
Carol M. Luciano	
Print or Type Name	
President	
Title	E- (20 D 12/0/
	Form 630 Rev. 12/06