



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

1. Corporate ID No. 626		2. Name of Corporation ALEXANDER'S COIFFEURS LTD			
3. Street Address Principal Business Office 5 LINCOLN AVE		City PROV.	State RI	Zip 02906	
4. Business Phone No. 401 421 5521		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island HAIR DRESSING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY ALEXANIAN			Vice President Name MARIA ALEXANIAN		
Street Address 15 WADE DR			Street Address 15 WADE DR		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name MARIA ALEXANIAN			Treasurer Name ANTHONY ALEXANIAN		
Street Address 15 WADE DR			Street Address 15 WADE DR		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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 200	Class/Series COMMON	Par Value NO PAR VALUE

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: Anthony Alexanian Date: 1/19/10
Print or Type Name: ANTHONY ALEXANIAN
Title: PREST.

File Date	FILED
Check No.	JAN 20 2010
By:	<u>10/13</u>
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