

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

401.222.304

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(cord.)) is

subject to a penalty fee of \$25.0	<i>0</i> .		- , , , ,	y and a series production by water	(M.H.G.E. 7-1.2-1)01(tOu)) B		
1. Corporate ID No. 185250	2. Name of Co Tres Chic	rporation Hair Designs, Inc.					
3. Street Address Principal Business Office 1 South Main Street			City Woonsocket	State Rhode Island	<sup>Zip</sup> 02895		
4. Business Phone No.  5. State of Incorporation Rhode Island			n		02000		
6. Brief Deseription of the Chan	acter of Business Cond	ucted in Rhode Island					
7. NAMES AND ADDRES	SES OF THE OF	icers: ("x" box for At	TACHMENT) [ FILL IN SI	PACES BEFORE USING A	TTACHMENTS		
President Name Paula Bousquet			Vice President Name Amy D. Menard	: Vice President Name			
Street Address 125 Tara Lane			Street Address	· · · · · · · · · · · · · · · · · · ·			
Woonsocket	State RI	<sup>Ζφ</sup> <b>02895</b>	City North Smithfield	State RI	<sup>Zip</sup> 02896		
Secretary Name Amy D. Menard			Treasurer Name Paula Bousquet				
Street Address 507 Black Plain Road			Street Address 125 Tara Lane	Street Address			
North Smithfield	State RI	<sup>Zip</sup> 02896	City Woonsocket	State RI	Zip 02895		
8. NAMES AND ADDRES  Director Name  None	SES OF THE DIR	ECTORS: ("X" BOX FOR A	TTACHUENT) FILL IN  Director Name	SPACES BEFORE USING	at tacouments		
Street Address		-	Street Address	· · · · · · · · · · · · · · · · · · ·			
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZE	D Recorded		10, SHARES ISSUED (	"X" BOX FOR ATTX CHA TON MUST BE COMPLETED	(eva) (D& %.2.		
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.				Class/Series	Par Value		
			2,000	common	\$.01 par value		
			THIS SECT	TOP MUST BE VO	16.3		
This report must be executhis report must be execut	ited on behalf of t	he corporation by an authorize corporation by the receive	ized representative. If the cor	poration is in the hands of	f a receiver or trustee,		

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Under penalty of perjury, I declare and affin	m that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained herein are true and correct.	1 1
taula Bousant	1/20/10
Signature	Date
Paula Bousquet	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08